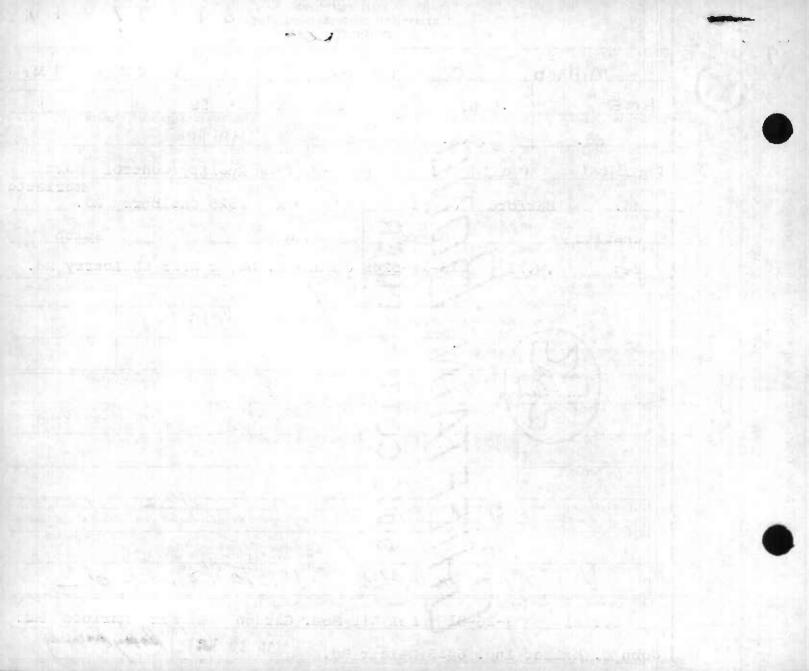
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DIVISION OF VITAL RECORDS.

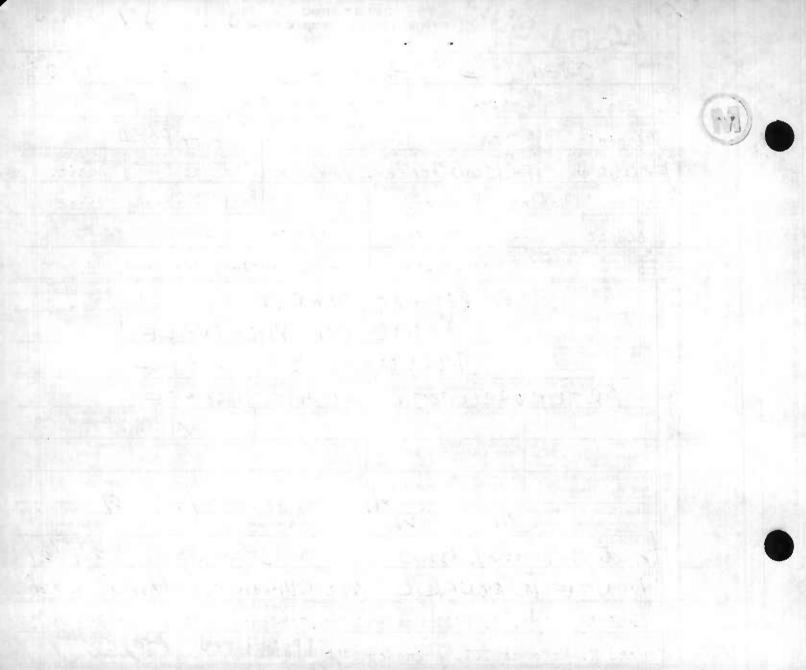


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MD. 21201	A MEDERA		Md	11	FORG	aberde		YES 🔀	NO 🗆	61	Norne	can l	20.	
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BALTIMORE.	A A CONT			YES, GIVE WA		16b. SOCIAL SECURIT	_	17 INFORMA			ADDRESS		210	
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W. PRESTON ST.	A 18. MIT.		18 CAUSE OF DEATH (PART I DEATH WAS	CAUSED B	SY:	for (a), (b), and (c).)	1	~ 00	. /	11 00 11	×11	16.10	BETWEEN ONSE	AND DEATH
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DIVISION OF VITAL	CERTIFICATE MING THE W DED TO THE 3 SHOULD B DEPARTMEN 1 PRIOR TO	AL CE	UNDERLYING OR			MONTH DAY YEAR	21c. HC	OW INJURY O	OCCURRED	LENTER NATURE OF	INJURY IN ITEM 18	PART I OR PAR	α 2)	
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Ş	ZA A A E	¥	WHILE NOT WE AT WOR		STREET, FACT	ORY, FARM, ETC.)	S	TREET		CITY OR	TOWN	COU	JNTY	STATE
	WSYOIZ		22a I certify that I to	ok chorge o	of the remains des	cribed obove, held on	Autops	у 🔲,	Inspection	Inqu	iry . on	nd in my op	inion	
2	ECT PER SEL		death resulted from:	Noturol	couses U.	Accident Su	icide	, Homicid	de .	Undetermined	monner,			
	EXAMI CERTIFI ULD BE DIRECT I, WITH MARYL		ACTUAL		6	Jones		TITLE (SPE	ECIFY)			DATE	3-19	-41
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	EDSE49	23a.B	URIAL, CREMATION, REM			23c. NAME OF CE				23d. LOCATIO	7	COUN		ATE
	BP	74 F	Burial UNERAL DIRECTOR	21	Mar. 19	81 Arlingto	n Nat			Arling			on Vitg	ınıa
	DHMH - 17 (VR A15 ME (5))		rring Funera	al Ha	me. P. A	Aberdeen M	d. 21	001	o DATE RE	CD JY AEGIS	TAK I JAMES	A STATE OF S	- CORDERAN	
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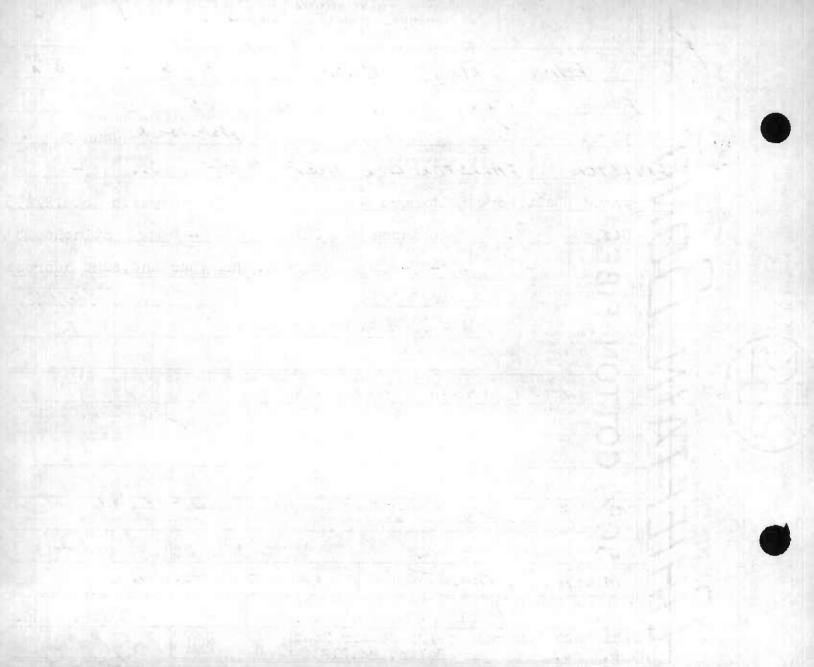
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		STATE REGISTRAR		MED	DICAL EXAM	NER'S	ERTIFICAT	TE OF DE	EATH	REG. NO.			
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g == 1	(TYP	E OR PRINT)	CHAEL		J.	RI	RITTAIN		OF DEATH	ESTI-	7	9 19 81	
	I SEX		5. D.	ATE OF BIRTH	& AGE IN	YEARS IF UN		NDER 24 HR			HTMOM	9 19 81 DAY YEAR	2d HOU
1	m	ale whi		et. 1,	1980 LAST BIRT	YRS. 5	B DAYS HOL	URS MIN.	PRONOUN DEAD	ICED	3	9 19 81	2d HOUR 5:18
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20	M	aryland		J	JSA	WIDOV		VORCED [arford	Count	tv	AAD
1	10. CI	TY OR TOWN OF DEATH	и.	NAME OF HOSE	PITAL, NURSING HO	ME, OR OTH	ER INSTITUTION		JSUAL OCCUP	ATION (TYPE O	F WORK 12	2b. KIND OF BU OR INDUST	USINESS
00		avre de Grad			Memorial I		al	FC	OR MOST OF WORK	(ING LIFE)		OK INDUST	RY
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35	Me	ryland H	arford	County	Edgewoo	d		0 🔼 2	TREET ADDRE	ar St.	Edge	wood.	Md.
	14. FA	THER'S NAME FIRST	MIDI		LAST		15. MOTHER'S		ME	DDLE		LAST	
JE		Raymond		layne	Brittai	n	Ca	therin	ne J	eanne	P	arks	
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1		No	= ××× ××× ××	A DATES;	None		Raymon	d W. E	Brittai	n Sar	ne		
		18 CAUSE OF DEATH (E	nter only and	cause per line	far (o), (b), and (c).)							APPROXIMATI BETWEEN ONSE	
AL.		PART I DEATH WAS	CAUSED BY: MEDIATE CA	USF (a) S	udden Infa	ant De	ath Sync	drome				BETWEEN ONSE	I AND DEATH
THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		7980	(AS A CONSEQUENC								
AL H REA		Conditions, if any,		(b)							- 1		
OR OF		cause (a) stating the		(/	AS A CONSEQUENC	E OF					JE.		
NO .		lying cause last.		(c)									
MATI		PART 2 OTHER SIGNIFICANT CO	NOITIONS CONTRI	RUTING TO DEATH B	UT NOT RELATED TO THE T	ERMINAL DISEAS	OR CONDITION GIVE	N IN PART 1 a					
CRE	CERTIFICATION												
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5	E										- 1	YES 🔀	NO 🗆
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0	CAL	CONTRIBUTING CAU	ISE OF DEATH	H P.M.	19								
P. 8.	MEDICAL	21d. INJURY OCCURRED			FINJURY (AT HOME,		CATION		CITY OR TOW	/N	COUNT	TY	STATE
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D, 2		22a I certify that I tao		he remains desc	ribed abave, held ar	Auton	sy XX, Insp	pection .	, Inquiry	Ond .	іп ту аріпі	uon.	- 100
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. 3	13	ACTUAL SIGNATURE	W	Van	100	44			EDICAL EXAM	INIED	DATE	3-9-81	
ORE A			/	7	70					IIVEK	SIGNED.	2 2 01	-
AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	~	EXAMINER'S NAME (TYPE OR PRINT)	Ann I	M./Dixo	n, M.D.		ADDRESS1	11 Pen	n St.				
BAL	23a.Bi	(DIA) CREMATION REW	OVAL 236. DA	ATF	23c. NAME OF C			[23d]	LOCATION				
	(5	Burial		-11-81			aith Cer	m. B	altimo:	e Coun	COUNTY	Marylan	TATE and
-/		NUMBER DIRECTOR	150	under	lucke		23a. C	DATE REC'D.	BY REGISTRAL	R 25h POSIST	RAR'S S		102
(5))	30	uzdzinski	uneral	Home P	A 1407 Ol	d East	ern Ave	MAR1	3 1981	Michael	7/10	Charly	ř.

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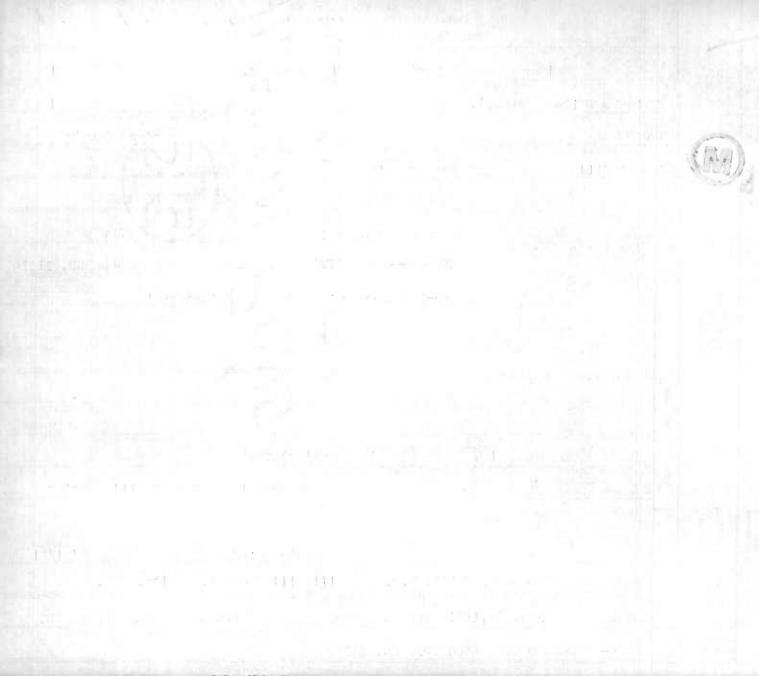
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DIVISION OF VITAL RECORDS,

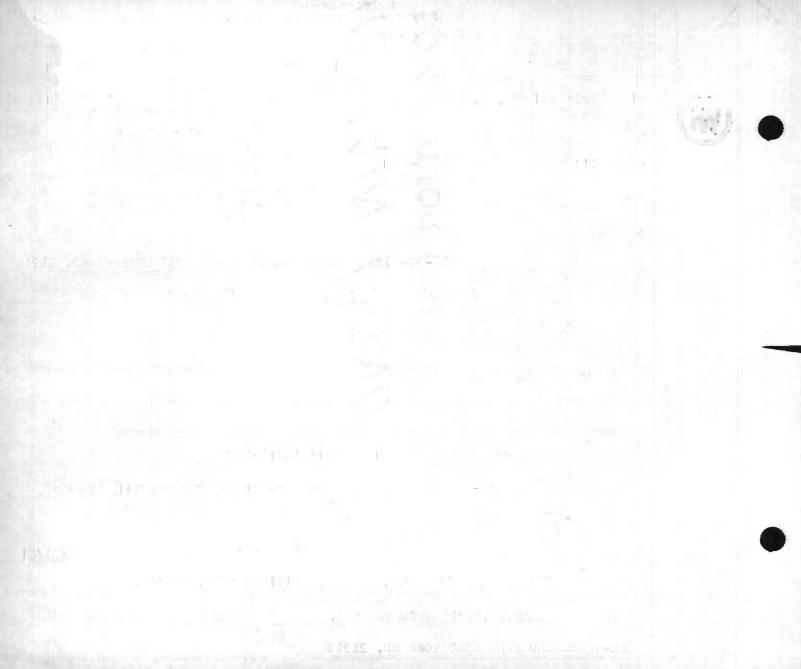
Home. Inc.



62	1-	FOR STATE REGISTRAR		DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYO'S 'S CERTIFICATE OF		7 9	14	1	
			IRST	MIDDLE	LAST	20 DATE KNOWN		DAY YEAR	26 HOUR	
DR. SE.		Wa	alter	Robert	Clements, Jr			20 19 81	м	
Y, PLE DIRECTO DUR FIL 72 HOU NN STRE	3. SE	Male White	5. DATE OF BIRTH MONTH DAY AUG. 21,	YEAR LAST BIRTHOAY)	IF UNDER 1 YR. IF UNDER 24 MONTHS DAYS HOURS M			20 1981	2d. HOUR	
CESSARY PLEASE NERAL DIRECTOR. TOR YOUR FILES. THIN72 HOURS RESTON STREET.	70 B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT USA WIDOWED DIVORCED 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (FOR MOST OF WORKING LIFE) 2602 Gregory Place POLICEMAN					TY OF DEATH	
	10. C	orest Hill	11. NAME OF HO (IF NOT IN SUCH F. 2602							
D. 21201	130. S	AL RESIDENCE (IF IN NURSING TATE 136. HA	chome or other institution, g COUNTY ARFORD	13c. CITY OR TOWN FOREST HILL	13d. INSIDE CITY LIMITS? 13	STREET ADDRESS 2602 GREGORY	PLACE		to.	
	1	ATHER'S NAME FIRST IALTER R WAS DECEASED EVER IN U	ROBERT	CLEMENTS SR		NAME MIDDLE ADDRES	GLOUT	'ON		
BALTIMORE, S AFTER DEA GIVE PAGES ITH FORM P PAGES 1 AN MISION OF	100	YES YES	ES, GIVE WAR OR DATES)	220-40-9272			MORE RD. 21214			
I OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD DATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. HE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 JUD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 1, AND 2, 3 WENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VATAR TO BURIAL, CREMATION, OR REMOVAL.	2	Table Tabl							INTERVAL AND DEATH	
OF VITAL RECC ATE SHOULD BE EWOND "PEND IN BE USED AS, WENT OF HEALT OB USED AS,	CERTIFICATION	19a DATE OF OPERATION	N 196 COND	ITION FOR WHICH OPERATION	DN WAS PERFORMED?			20. AUTOPSY?	NO 🗆	
ON OF V THE WC TO THE OOULD BE NRTMENT		210 EXTERNAL CAUSE WILLIAM STATE OF CONTRIBUTING CAUSE	AS 216. TIME O HOUR XX	M. MONTH DAY YEAR	subject sho		18 PART 1 OR PART 2			
DIVISION THIS CERTIFIC WRITING TH WARDED TO AGE 3 SHOU TATE DEPART	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY (AT HOME, 2 CTORY, FARM, ETC.) DMC	16 LOCATION 2602 Gregory P	lace, Forest	HIII,	Harford	i, state	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHEEKCUFF THE CERTIFICATE SHAGES 4 SHOULD BE FORWARDED TO THE CITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DESTINATIONE, MARYLAND, 21201 PRIOR TO BUILD BE ALTIMORE, MARYLAND, 21201 PRIOR TO BUILD BE ALTIMORE.		ACTUAL SIGNATURE	Actoring of the remains de	Suicide	TITLE (SPECIFY) M.D. Deputy Chi	Undetermined manner	DATE	3/21/8	31	
TO MEE EXECUTE PAGE 4 TO FUN AFTER I BALTIM	230.E	(TYPE OR PRINT) URIAL, CREMATION, REMO	Thomas D. S	Smith, M.D.	ADDRESS	enn St. Balto	O., MD.		ATE	
BP		BURIAL UNERAL DIRECTOR	MAR. 26,19		CEM.		MALTIMO	RE. MD.		
DHMH - 17 (VR A15 ME (5))	MI	TCHELL-WIEDE	FELD HOME 65	500 YORK RD.	21212	1000-1		- Will		



X	11-:	FOR STATE REGISTRAR				MENT OF H	EALTH	ARYLAND I AND MEN CERTIFICA	ITAL HY		REG.) 7	9 6	4 8	3
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ATH. IF ANY DELAY IS NECESSARY, PLEASE S. 1, 2, AND 31 OT HEFDIREAL DIRECTOR. PM 3. RETAIN PAGE 5. GROWN FILES. NO. 2. SHOULD BE FILED. MEM 72. HOURS. VITAL RECORDS. 201 M. PREPRON STREET,	FO	RTHPLACE (STATERING COUNTRY)		76. CITIZEN OF W			WIDOW		DIVORCED	На	rford (County	,	ATH	MD
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AND 3 RETAIN HOULD	13a. S1		13b COUNTY HARF	Y	13c. CITY	OR TOWN EST HII		13d. INSIDE CITY L YES	LIMITS? 13	STREET AL	DRESS GREGORY	PLAC	E		
SZ VAND SZ		THER'S NAME FIRST KOTOBUK		MIDDLE	OSHI			15 MOTHER'S		NAME	WIDDLE		?	T	
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CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W ORE, FACE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D NND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	953 Conditions, gave rise cause (a) st lying cause	if any, which to immediate toting the <u>under</u> .	(c)	AS A CON	SEQUENCE C)F		YEN IN PART 1		dg un)				
USED A OF HEA JRIAL, O	CERTIFICATION	19s. DATE OF O	PERATION	196 CONDI	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								28 AUTOPSY? YES X NO []		
GE 3 SHOULD BE TE DEPARTMENT 201 PRIOR TO BU	CAL		OR CAUSE OF DE	ATH + P.M	MONTH A. 3 OF INJURY TORY, FARM, ET	DAY YEAR 20 1981 (AT HOME,	211 LO	self in cation dreet 2 Grego	nflict	ted	DR TOWN		PART 2) COUNTY Harf	ord	STATE MD.
TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 21			that I took charge frage Notara	af the remains de		Sun	Autop	Homicide TITLE (SPEC	cify)	, Inq Undetermine	uiry , d monner .	ond in my DAT SIGI	apınıan E NED3	/21/	
PAT PAT —	23a.Bl.		ON, REMOVAL 231		23c. N			R CREMATORY		23d LOCATIC CITY OR TOW WOODLA		BALTI	MORE .	MD.	TE.
HMH - 17 15 ME (5))	-	NERAL DIRECTO		ADDRESS				25a.	MAR	D. BY REGIS	STRAR 256, RE	GISTRAR	SIGNATUR	7	





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	DIRECTOR. OUR FILES. 172 HOURS ON STREET,	3. SE		^	DATE OF BIRTH	VEAR LAST BIR	HDAY) MONT			PRONOUNCE DEAD	D	MONTH 3	DAY	YEAR	24 HOUR 4:10 P M
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MD. 21201	R DEATH, IF ANY CHAGES 1, 2, AND 3 IN AND 2 SHOULD BE AD 2 SHOULD BE AD 3 IN AND 2 SHOULD BE AD 3 OVITAL RECORDS	130. 5	MO.	HA HA	RFORD	HAVREDE	GRACE	134. INSIDE CITY LIMI	130 STRE	STRAW	BERR	x, L,	411.	E	
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ORE	DEATH.	140	AMUELH VAS DECEASED EVE	AYWAR	P D P P P P P P P P P P P P P P P P P P	TIGO SOCIAL SECU	DITY NO	17. INFORMANT	DREL		ADDRESS 4		20	KE	
BALTIMORE,	用ののおり	(A	is, no. or unknown)	(IF YES, GIVE WAR	OR DATES)	220-621	-123	JANIE	SHDA	SHIED	ADDRESS	1150	CVIII	15E	arele
, BA	S - U		18 CAUSE OF DEA			far (o), (b), and (c).)	14-	Uperusa.	- lipit	ON PLON	24	410	API	PROXIMATE	INTERVAL
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DIVISION OF VITAL	CERTIFICATE TING THE W 3 SHOULD E DEPARTMEN 1 PRIOR TO E		UNDERLYING X	OR	HOUR A.M	MONTH DAY Y	EAR		flicted		IN HEM 18 PA	RIIORPAR	(12)		
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20	TO MEDICAL EXAMNER: THIS CERTIFICATE SHOULD E EXECUTE THE CERTIFICATE, WRITING THE WORD "PEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ME TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEA BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CI	2	WHILE NO.	WHILE X	street, FACT	ME	40	1 Strawbe	erry La	ne, Ha	vre d	e Gr		, Har	
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	I AN		death resulted from: Nature	ol couses , Accident , Suicide , Homicide . Undetermined monner .	
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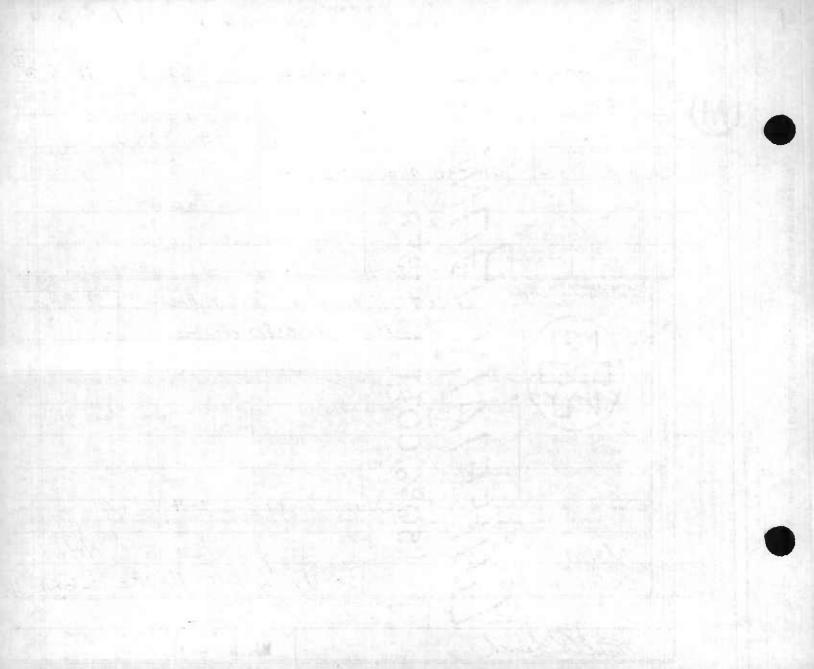
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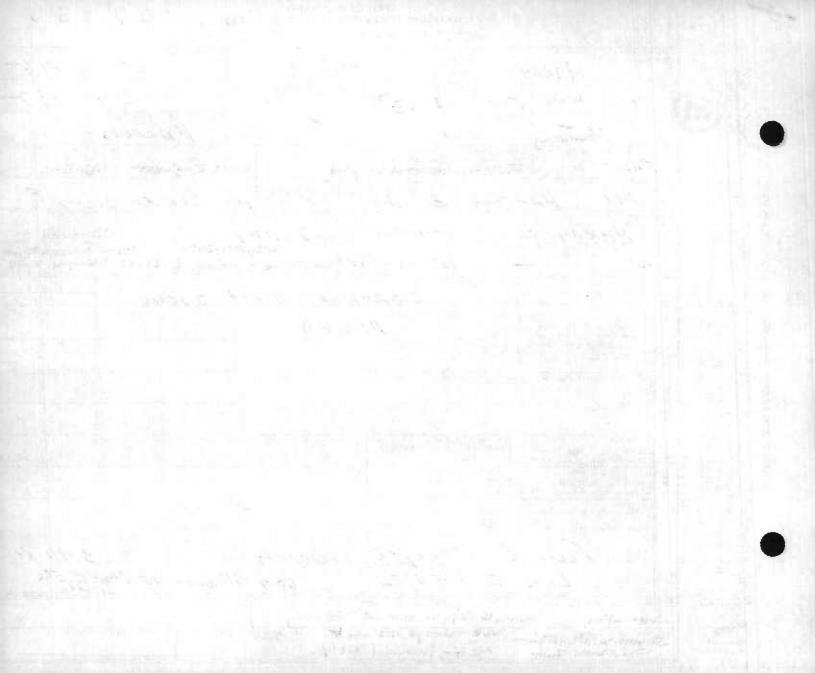
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA EXECUTE THE CERTIFICATE, WRITING THE WORD? "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURAL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DRATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, BATTIMORE, MARYLAND, 21201 PRIOR TO BURAL, CREMATION, OR REMOVAL.	7	Conditions	f ony, which	DUE TO, OI	R AS A CO	NSEQUENCE ()1-							1		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN X 2a. DATE TTYPE OR PRINTS ESTI-Marlene Audrey Haves DEATH MATED 19 81 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED female. white Feb16.1943 5:00 3 SYRS DEAD 76. CITIZEN OF WHAT COUNTRY TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Baltimore, Md. USA Harford County DIVORCED B. GIVE PAGES 1, 2, AND 3 TO THE FU WITH FORM PM 3. RETAIN PAGE 5 T. PAGES 1 AND 2 SHOULD BE FILED, 1 DIVISION OF VITAL RECORDS, 201 W. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION | TYPE OF WORK | 12b. KIND OF BUSINESS Ponderosa OR INDUSTRY Bel Air Vice-President Auto JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! Md. 21014 136 COUNTY 13c CITY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Harford 619 Ponderosa Dr. Belair. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Walter Audrey Robbinson 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATEST 216-38-4134 Thomas N. Hayes, (same as above) ING" IN PENCIL IN ITEM 1B. G ICAL EXAMINER ALONG WIT A BURIAL - TRANSIT PERMIT. PY HAND MENTAL HYGIENE, DIV MATION, OR REMOVAL. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple stab wounds of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI JRIAL, CREMATION, C lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, 20 AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS est. 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR ** MONTH UNDERLYING OR 1:30 P.M. found stabbed CONTRIBUTING CAUSE OF DEATH 71d. INJURY OCCURRED 21e PLACE OF INJURY ZIF LOCATION STREET, FACTORY, FARM, ETC. 1 Harford County. MD NOT WHILE at home 619 Ponderosa, Bel Air. 22a. I certify that I took charge of the remains described above, held on Inspection Autopsy and in my opinion Homicide XX Undetermined monner deoth resulted from: TITLE (SPECIFY) ACTUAL 3/18/81 Assistant SIGNATURE EXAMINER'S NAME Hormez Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Cremation 24 FUNERAL DIRECTOR BelAir Mem. Gardens rdens BelAir, Md. 1250. Date rec'd. By registrar 1250. Registrar's signature BP Perry Hall, Md. Home, 9506Belair, Rd, MAR Schimunek Funeral **DHMH-17** (VR A15 ME (5) 15M 2/80

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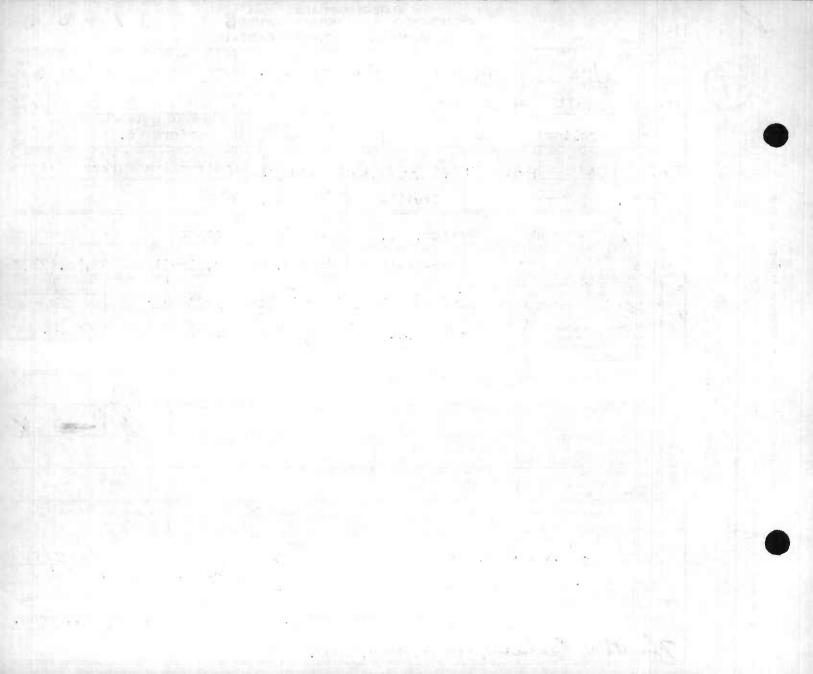
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	DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. D BE FILED, WITHIN 72 HOURS ROS, 201 W, PRESTON STREET,		REIGN COUNTRY)		U. S.	٨		WIDOW		VER MARRI		71		_			
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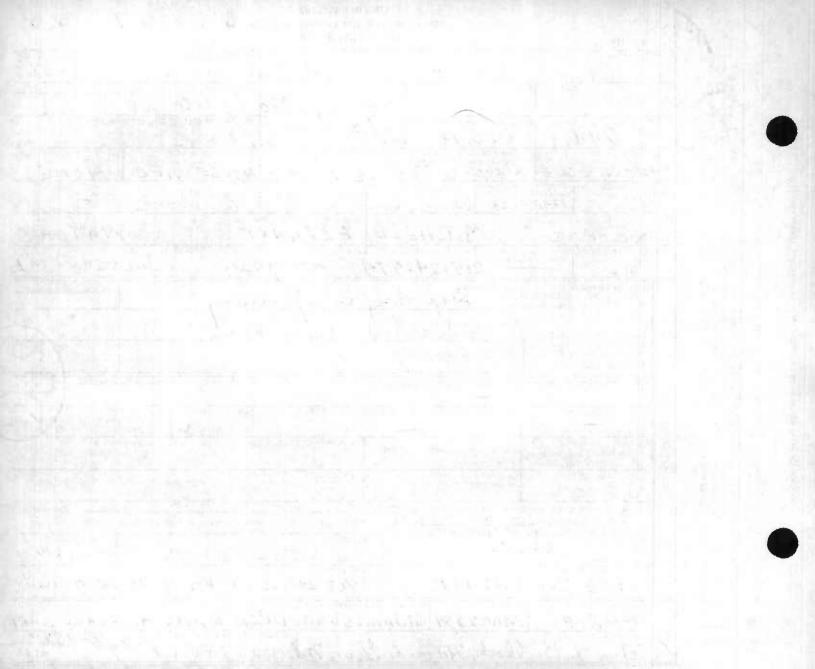
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新庭園里等	36	Maryland	USA	MARRIED XX NEVER MARE	SIED	COUNTY OR COUNTY	
ZEMAS	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOM	WIDOWED DIVOR		ford Cou	
PAGE FILE	2	allston	Fallston Genera	el Hospital	for most of workin Owner-0	pr.	12b. KIND OF BUSINESS OR INDUSTRY Auto
21201 F ANY AND 3 RETAIL HOULD RECOR	113a.	state 13b. country land Harfo	r other institution, give residence before admiss TY 13c. CITY OR TOWN Bel Air	13d INSIDE (ITY LIMITS? YES \(\text{NO } \text{X}\)		ervale F	Road
MD.	0,14	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAID			1467
AN PERSONAL PROPERTY OF STREET	44		omas Hopkin	s Laura	Virg		Neuton
THE PARTY ON	160.	WAS DECEASED EVER IN U.S. ARA YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			ADDRESS	
BALTIM RS AFTER GIVE PA WITH FOR	1	no	218-32-44	26 Mark 0.	Hopkins,	Jr, Mor	ikton, Md.
FE. DI		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).)	1.000	41		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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E 75 0#	Y X	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPE	RATION WAS PERFORMED?			2D AUTOPSY?
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ERTINA MITTER		Addition of the state of the st	Accident L.	TITLE (SPECIFY)	Undetermined mann	er,	/ /
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5385A8	23a.	BURIAL, CREMATION, REMOVAL 23	Bb. DATE 23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION	COUN	TV CTAYE
BP		Burial Ma	r. 19, 1981 BelA	ir Mem. Garde		Harfor	id Md.
DHMH-17	24.	UNERAL DIRECTOR	ADDRESS	25a. DATE	REC'D. BY REGISTRAR	256 REODTRAR'S SI	Silliberty
(VR A15 ME (5) 15M 2/80) [oward K McCom	as III, Abingdon	, Md.	1 0 1301	1-11-7	/



	1.	FOR	D		E OF MARYLAND IEALTH AND MENTAL HYG	GIENE 8	0798	5 5
		STATE REGISTRAR FASED NAME FIRST	MIDDLE	CERTI	ICATE OF DEATH	REG. N		
nay be page 3 ir death		CEASED NAME FIRST		Huds		MArch 15		11:34
2 4 n	3. SE>	Male	4 RACE	MONT	DF BIRTH H DAY YEAR 1 37, 1897	6 AGE (IN YEARS LAST BIRT		HOURS MIN
deoth Poge	CC	RIHPLACE ISTATE ORFOREIGN DUNTRY) FOR THE	76 CITIZEN OF WHAT COI	UNTRY? 8	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY OF DEATH	,
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MARYLA ed within mpletely and 2 sh	14. FA	THER'S NAME WITTERM She	MIDDLE HUG	AST	15 MOTHER'S MAIDEN NA	E/SUPPLE	th Rost	
n ond co Poges 1	{Y	(AS DECEASED EVER IN U.S. AR, ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	AL SECURITY NO	mrs. HELEN H. S	73	SS Rock Spring 12 23 Rock Spring 12 Ex-EST Hill, Mornylo	md 3105
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours in a retending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers: Pages 1 and 2 should be file this and Mental Hygiene prior to buriol, cremotion, or removal. orked or them 18 shows any injury, or other traumatic event, the medical examiner frust be paged.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	E CAUSE (0) DUE TO, OR AS A CO (b) DUE TO, OR AS A CO	NSEQUENCE OF	b	n fan		
L RECORDS, 2C le law requires no. has been signec permit. Then pli ne prior to buri	CERTIFICATION	PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTION FOR		John S.	200 AUTOPSY?	DITION GIVEN IN PART 110 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF THE PROPERTY OF THE PART 1100	SS USED OF DEATH?
IC PHYSICIAN: The In ottending physician. Fer this certificate has a the burial-transit per a and Mental Hygiene a and Mental Hygiene rived or them 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MON	ITH DAY YEAR	21c. HOW INJURY OCCUR			МО
DIVISION DING PHYSI or offending After this or olth and Mel	MEDICAL	21d. IN JURY OCCURRED WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
TTEND or sold or TOR: 4 for use of Heo. 21 is m		220.1 certify that (1) (this hasping saw the deceased alive an		_x	nd that in (my) (aur) apinian	death accurred an the d		at (I) (we) l ouses stated
OR he he ho coche DIRE		SISTERIORA	7.1	uda		MEDICAL STA MEDICAL STA	FF Month 16	
TO HOSPITAL (etoined by the TO FUNERAL Is should be deto with the Store I IMPORTANT: If		22d PHYSICIANS NAME (TYPE O	F. Hudson,	M.D.	P.O. Box 17,	Fork, Maryli	12016 1.00	
BP	23o. 8	URIAL, CREMATION, REMOVAL	236. DATE March 18, 1981		MELL, Church Com.	23d. LOCATION CITY OR TOWN	referred Co., Marylas	STATE
DHMH - 16 60M 1/75 (VR A 15 (4))		INERAL DIRECTOR PORT	ter WiBrow	office of will	MANS Sty 250. DAT		25b. REGISTRAR'S SIGNATU	RE

DHMH-16 30M 2/80 (VRA 15, 4)

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DECEASED NAME Test					CERTIFICATE OF DEATH	REG. NO.	
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226. PHYSICIAN'S NAME (1796 ORPRINT) 270. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN				1 1	19 81		, 19, that (I) (we) lost
226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 221. PHYSICIAN'S NAME (179E OR PRINT) 222. DATE SIGNED Was 148		1	sow the deceased alive or abave, (1) (we) (did) (did in	at way the tarty ofter death.	ond that in (my) (aur) apinion	death occurred on the date ar	nd haur and fram the causes stated
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230. BURIAL, CREMATION, REMOVAL 23b. DATE 23t. NAME OF CEMETERY OR CREMATORY 23d. LOCATION		23a. E	BURIAL, CREMATION, REMOVA	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY		
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		24. FI	UNIERAL DIRECTOR	04 4			
24. FLOYERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. THE THAT SEE THE PROPERTY OF DEPARTMENT OF		K	Telia & B	ullock, Have	de Three md. NO	R 1 9 1981 - 1	MP.
		/	Franky . () B	Of L of ADDRESS	1 H 2 2 1	n 1 0 1001	BARNU// COURSE
24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. WE STRAWS SIX DATE OF D		4	rema /2 ()	www.	we xerrey /110, MA	K T 9 1901	NI DI



FOR - STATE

REGISTRAR

I DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH 26 HOUR IF UNDER I YEAR IF UNDER 24 HRS

DATE OF BIRTH MONTH YEAR 1903

9. BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED DIVORCED

NO X

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

INDUSTRY Carpenter

15. MOTHER'S MAIDEN NAME

166. SOCIAL SECURITY NO

WIDOWED

17. INFORMANT

Unknown

Churchville, Md. 21028 James, Sr., 3225 Aldino Road, Lobert

18. CAUSE OF DEATH (Enter only one couse per line for (s). IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21e. PLACE OF INJURY

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION

CITY OR TOWN

and that in (my) (aur) apinian death occurred an the date and hour and from the couses stated

NOF

COUNTY

YES T

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

NOF

220.1 certify that (I) (this hospital) attended the december deceosed alive on o ave (iii) we (did (did not) view the body after death

DEGREE

22e ADDRESS

Harford Mem. Gardens Aberdeen

ATTENDING MEDICAL STAFF PHYSICIAN W DIRECTOR T PHYSICIAN

20a AUTOPSY?

YES

22c. DATE SIGNED

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23 LOCATION

COUNTY Harford

R.D.

STATE

24 FUNERAL DIRECTOR Tarring Funeral Home, P.A., Aberdeen, Md. 21001 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

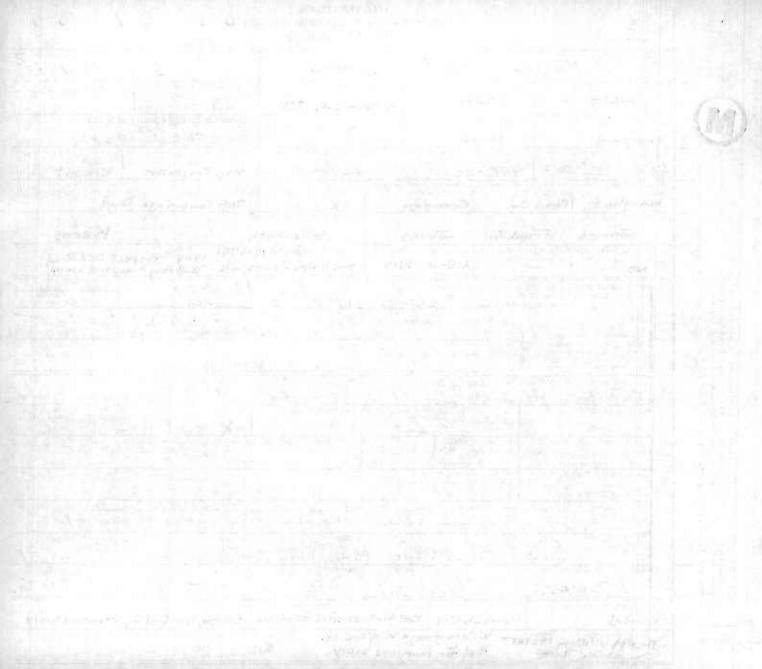
DHMH-16 30M 2/80 (VRA 15, 4)

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1	1		STATE OF MARYLAND	1 1 0
10	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7 0 8
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
0		CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HOUR
(8.84	1	Vona	of Talmadge Jones DEATH MATED \$3-	29 1981 1 M
1983 E :	3. SE	X 4 RACE	5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d HOUR
23553 23553		Male White	MONTHS DAYS HOURS MIN PRODUCED	30 198/ 6:05
AND	7a. B	IRTHPLACE (STATE OR	76 CTIZEN OF WHAT COUNTRY?	
DARE, MD. 21201 DEATH, IF ANY DELAY IS NECESSA GES 1, 2, AND 3 TO THE FUNERA M PM 3. RETAIN PAGE 5 FOR AND 2 SHOULD BE FILED. WITH	FC	Maryland	U.S.A. WIDOWED DIVORCED Harford	
ZJ-S-J-S		ITY OR TOWN OF DEATH		12b. KIND OF BUSINESS
O SEE SEE	Tal		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
P P P P P P P P P P P P P P P P P P P		rrettsville AL RESIDENCE IF IN NURSING HOME O	3810 Jarrettsville Pike Security Guard	Constructio
S ZOEZO		STATE 136 COUN	TY 13c. CITY OR TOWN T3d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS	
2 A S & S & S		Md. Hari	ford Jarrettsville YES Not 3810 Jarrettsvi	lle Pike
MD X 33	14. F.	ATHER'S NAME	MIDDLE LAST FIRST MAÎDEN NAME MIDDLE	LAST
ORE, M. GESTH. WAS PARTY I AND 2		John Mi		Simons
0 32	16a.	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS WAR OR DATES)	
S S S S S S S S S S S S S S S S S S S			-1955 215-32-6329 John M. Jones Jr. News	rk, Del.
WITH DIVI			ly ane cause per line (ar (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
HOL WATER		PART I DEATH WAS CAUSED	BY: 10 - f - Vo Caronore, oralizar	BETWEEN ONSET AND DEATH
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EWCEWC		Canditians, if any, which	articipalo tia Cardinamella	212
N N N N N N N N N N N N N N N N N N N	-	gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	gara
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			(c)	
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ARB ARB	5	WHILE NOT WHILE C) Since the second seco	DNIT STATE
DIVISI TO MEDICAL EXAMINER; THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SH BATTER DEATH, WITH THE STATE DEP	12			
A S S S S S S S S S S S S S S S S S S S			e of the remains described abave, held an Autapsy , Inspection , Inquiry , and in my ap	Jinian
SE S		death resulted from: Natur	ral causes . Accident ., Suicide ., Hamicide . Undetermined manner	
X S S S S S S S S S S S S S S S S S S S		ACTUAL	TITLE (SPECIFY) DATE	2/20/81
A A A A A A A A A A A A A A A A A A A		SIGNATURE	M.D. MEDICAL EXAMINER SIGNE	93/30/01
WOO WOO	1	EXAMINER'S NAME	I Have to M D Wheeler school	Road
TO MEDI EXECUTE PAGE 4 1 TO FUNE AFTER DE BALLIMO	Name of Street	(TYPE OR PRINT) 20 M	DE IT. HENCH, HID ADDRESS W MILE FORM MA.	21160
Emc ≥ < ∞	73a.8	SPECIFY)	38 DATE 231 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN COUNTY	
BP	24.5	Burial	4/2/1981 Jarrettsville Cem. Jarrettsville.	Harford, Md.
DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS 250 DATE REC'D. BY REGISTRAR'S S	GNATURE
(VR A15 ME (5)) 15M 2/80	M	. Gladden Kur	rtz Jarrettsville, Md.	
13M2/60			Blockly of the	time

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STATE OF MARYLAND



Howard

(VRA 15, 4) 1/79

STATE OF MARYLAND

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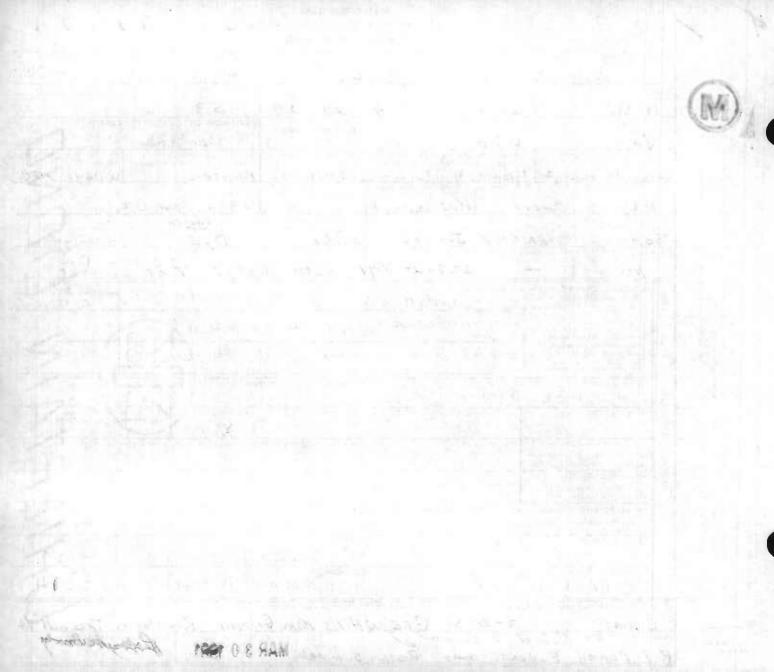
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERTIF	CALEUP	EAIN	REG. N	0.		
		CEASED NAME FIRST	MIOOLE	t.	AST	1000	20 DATE OF DEATH	MONTH OAY	YEAR	26 HOUR D
	TITPE	EORPRINT)	П.	Time	Lice		march	27 19:	12	4.000
	3. SE	X	4 RACE	S. DATE O	F BIRTH		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ш	r	~ 1 .	1.1.1	MONTH	27	27	53		VIHS DAYS	HOURS MIN.
	7a BI	IRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	_		9. BALTIMORE CITY C	R COUNTY O	F DEATH	
2		COUNTRY)	USA.		NEVER M		110.0	. 0		
-	10. CI	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR	SING HOME O	- Marie -	ORCED	12a. USUAL OCCUPAT	OFO	12h KIND O	F BUSINESS OR
1	11	10.	IF NOT IN SUCH FACILITY, GIVE STE		11		TYPE OF WORK FOR MOST		INDUSTRY	
9	USUZ	AL RESIDENCE (IF NURSIPARE)	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSIONI	1 1-105	1.401	PAINTER		WILEY	5 MFG.
20	13a. S	STATE - UN COUN	HTY 134 CITY OR TO	NWC	13d. INSIDE CI		13e STREET ADDRESS			
9	14.50		11 PORT D	eposit		NOXON	-	W DR	•	
20	14. F.A	ATHER'S NAME FIRST	MIDDLE LAST			MAIDEN NAM	MIDE	N	LAST	
6	_	01.11	NERY Justi	CE	Lillie		DYE		JUST	165
5		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) 11F YES, GIV	E WAR OR DATES)		17. INFORMAN	1T	ADDR	3 willo	w D	R
5		NO -	- ユヱケー・	24-379	1 Ru	th Ju	isticE P	ORT D	0005	17
ı		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b),	and (c).)			Α.		BETWEEN	MATE INTERVAL
- 1		PART I. DEATH WAS CAUSE	DBY: TE CAUSE (o) Couch	ogen	ic S	hock	2 to		5	HMIRS.
		4100		DUENCE OF A		A 1		1		
		Conditions, if any, which	DUE TO, OR AS A CONSEC	DUENCEOFA	cute	/Anter	o lateral		1.35	
		gave rise to immediate	(6)		4 - 3 - 3	1 2 4	0	11.		
		cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC	DUENCE OF	myoca	rdial	Infa	rction		
		DADY O GYUER SIGNATION OF	(c)				0			
	z	LIA HAP.	Durations contributing t	O DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN	IN PART 10	1
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CHOPERATION	J WAS PEDEOR	MED	20a AUTOPSY?	20b. IF YES, V	VERE EINDIN	IGS LISED
1	FIC	THE DATE OF OPERATION	THE CONDITION TOR WITH	CHOPERATIO	V WAS FERFOR	MED	W -	IN CERTIFYIN		OF DEATH?
	RTI	AL ACCIDENTALISM INTERNAL F	2 AN THE OF MILLIPY		In Howell	LIDY OCCUPAN	YES NO	YES		NO 🗌
2		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LICING A M. MONITH	DAY YEAR	ZIC HOW IN	URY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
	CAI	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	F FARM FTC 1	211 LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK NOT WHILE		,						
8		22a.1 certify that (1) (this haspit	tal) attended the deceased from	m 3-6	27	, 19 8	10_ 3-6	27 . 19	8	that (I) (we) lost
		saw the deceased alive on	3 ~ 27 1) view, the body ofter death.	, on	d that in (my) (our) opinion de	eath occurred on the d	ote and hour o	nd from the o	couses stoted
		226. SIGNATURE	Ty view the body offer deom.	[DEGREE				22c. DATE	SIGNED
		1644	V	MI) , AI	TENDING M	MEDICAL STA	FF	3-2	7-81
$\overline{}$		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS		DIRECTOR THIS	JAIN [-
		B. PAREKT	1 M.D.			Bel Ais	- Rd. Bol	Air r	10.21	014
-	00				111			,,,,,	1.7. 2	
		BURIAL, CREMATION, REMOVAL		C NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		OUNTY	STATE
	_	BURIAL	3-3/-8/	S.B.BN	HILLS	MENS- 91		CH MAND		EWOI VA.
	24 FL	UNERAL DIRECTOR Rale	ADDRES	sol		AND	REC'D. BY REGISTRAR	ZSb. REZISTRA	R'S SIA	Shorty .
	R.	T. FOARD FUI	word Homo	Rising	SUN M	L. MAR	90 001	1		1

DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND

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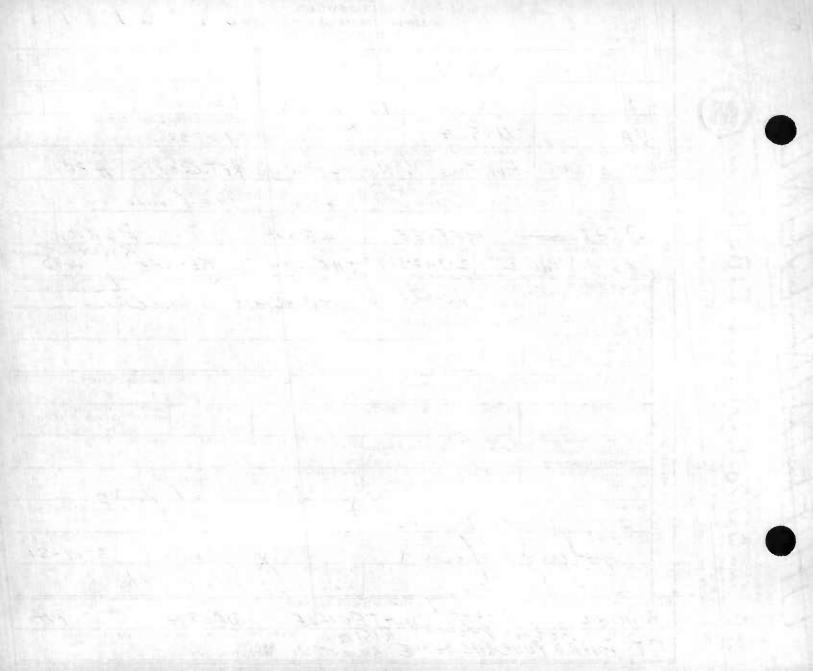
	1	FOR Gbj STATE REGISTRAR		STATE OF MARTLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	7973
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inttor, p	3 SE	F	A RACE WHITE Th CITIZEN OF WHAT COUNTRY?	5 DATE OF BIRTH MONTH 10 - 30-1886	6 AGE (IN YEARS LAST BIRTHDAY) 9 14 YRS. 9 BALTIMORE CITY OR COUNT	MONTHS DAYS HOURS MIN
W	,	Pennsylva	in a USA	MARRIED NEVER MARRIED DIVORCED DIVORCED	HARFOR	MD MD
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y filled in puld be f	Ma	ryland Harf	other institution, give residence before TY 13c. CITY OR TOWN Ord Bel Air	YES 🛣 NO		ws Way
and 2 should be		Duncan	Monroe	15. MOTHER'S MAIDEN NA FRIST Hannah	MIDDLE	Oram 1AST
Pages 1,	- (VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) IIF YES, GIVE N.O	MED FORCES? 166 SOCIAL SECUI WAR OR DATES) 272-10-41	22 Mrs. Lillia	n Lois Muelle	r.BelAir.Md.
v requires that the dearn in signed by the attending her please remove carbon to burial, cremation, or ny rijury, or other traum	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	Crewell (Shell to took	IVEN IN PART 1 (a)
te has been permit. The prior sales shows all	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? VES \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
g physician. his certificat rial-transit p Mental Hygii	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		Y YEAR	RED JENTER NATURE OF INJURY IN ITEM 18	PART † OR PART 2)
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pital or a IECTOR: for use a for use a for use a for use a		22a.1 certify that (1) (this hospit saw the deceased alive an abave, (1) (we1Adid) (did not			death occurred an the date and he	
RAL DIR detached trate Dept		226. SIGNATURE	Southy		MEDICAL STAFF DIRECTOR PHYSICIAN	3 2481
retained by the TO FUNERAL should be detact with the State IMPORTANT:		22d. PHYSICIAN'S NAME LIVE OF	ert Smith	220 ADDRESS Fall	Uston Ber	! Haspilal
BP				ame of cemetery or crematory vis Funeral Hom		county state Lake Ohio
DHMH-16 25M (VRA 15, 4) 1/79		uneral director Howard K. McC	omas. III, Abi		E REC'D. BY REGISTRAR 256. REGI	TRAR'S SIGNATURE

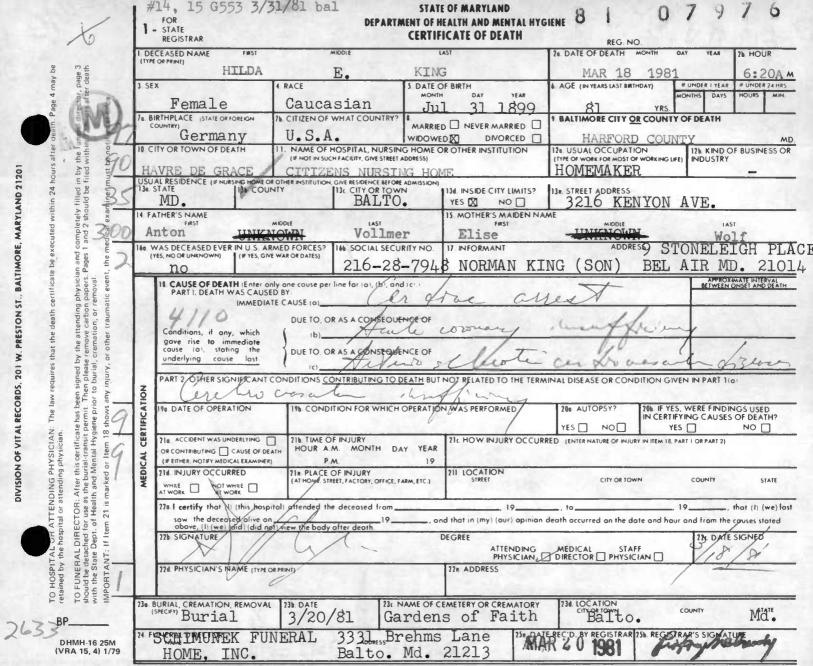
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	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 0 7 9 7 4 CERTIFICATE OF DEATH REG. NO.								
9 E		CEASED NAME FIRST	MIDDLE	LAST	2e. DATE OF DEATH	MONTH DAY YEAR 26, HOUR					
moy moy	3. SE	x Louise	RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS					
MI		FEMALE	WHITE	DEC. 20, 1899	81	MONTHS DAYS HOURS MIN.					
69		IRTHPLACE (STATE OR FOREIGN OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DOORCED	BALTIMORE CITY C	DR COUNTY OF DEATH AR FOR D M					
S offer d	HA	VREDE GRACE	640 Craigs C	GHOME OR OTHER INSTITUTION ADDRESS) CRNER, ROAD	128 USUAL OCCUPAT ITYPE OF WORK FOR MOST OF	ION IZE. KIND OF BUSINESS OF					
filled in nould be	USU 13a	AL RESIDENCE IN NURSING HOME OR OF STATE	THER INSTITUTION, GIVE RESOURCE BEFORE TOWN	ADMISSION) N #134 INSIDE CITY LIMITS?	13e. STREET ADDRESS						
ompletely ond 2 sh	14. F/	THER'S NAME FIRST MI JACOL3	DOLE	IS. MOTHER'S MAIDEN NAMEL MARIE	MIDDLE	UNR					
te be execut icion and co ers. Pages 1 of.		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) YES, GIVE V		4. 1 0	. 4	ESS 640 CARIGS COSMUN HAVREGE GAREE /Y					
equires that the death cr is signed by the attendin Then please remove carb to burial, cremotion, or in plury, or other traumatic	Z	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) DNDITIONS CONTRIBUTING TO E		INAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)					
n nos been no permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO					
IG PHYSICIAN The Later of the control of the certificate has she burial-transit per cond Mental Hygiene red or frem 18 shows	MEDICAL CER	716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) 716. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	19 211 LOCATION	ED JENTER NATURE OF INJU						
thospital or hospital or		WHILE NOT WHILE AT WORK 27a certify that (1) (this hospite sow the deceased alive on obove, (1) (we) (did) (did not) 27h SIGNATURE	2/8 19/	DEGREE ATTENDING	MEDICAL STA	172. DATE SIGNED					
TO HOSPITAL OF THE TO FUNERAL ESTABLISHED WITH THE STORE EMPORTANT: H	22	274 PHYSICIAN'S NAME ITYPEOR Davis M	- Hahn	PHYSICIAN DE STORES STO	- / [Bhl. 21239					
BP		BURIAL CREMATION, REMOVAL SPECIFY BURIAL	MAR. 6, 81. L	NAME OF CEMETERY OR CREMATORY DING IS LAND WATL, C	234. LOCATION CITY OR TOWN FILL OF J. SC.	AND MESAU CO. N.Y.					
DHMH-16 20M (VRA 15, 4) 7/7B	1/1	tehell Funeral 7	Home HAVRE	de GRAPE MO.	REC'D. BY REGISTRAR	Sun EGISTRARUS STONATURE					



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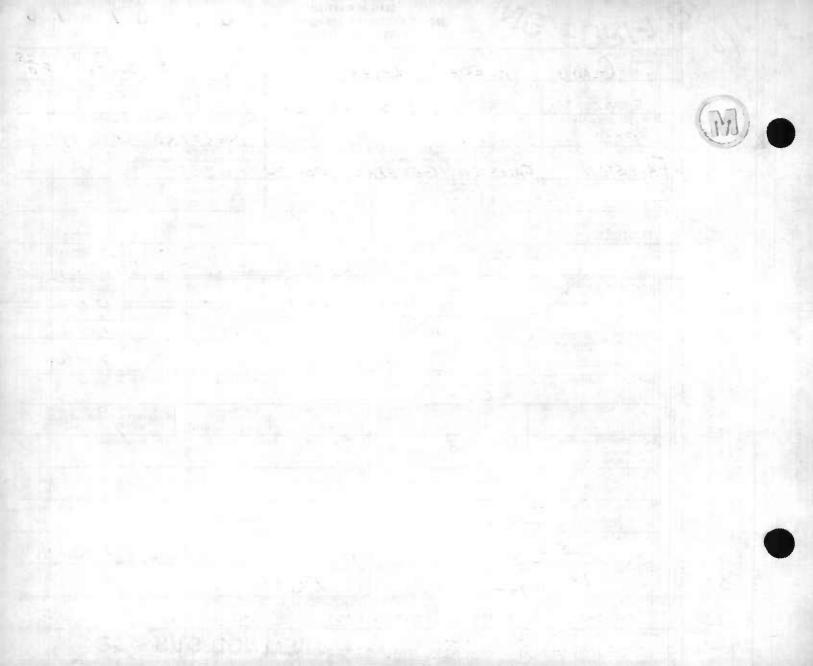


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120	1	STATE OF MARYLAND	077
10	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS	, , ,
	I. DE	NEO. TO	DAY YEAR 25 HOUR
was shi	(TYI	JOSEPH MIDDLE KNOWN TO OF ESTI- DEATH MATED O 3	19 81 6:30
A D T T T T T T T T T T T T T T T T T T	3. SE	X 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d HOUR
ON S	M	ALE CAUCASIAN 01 25 06 75 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 03	19,081 7:00
ECESSARY, PIEA	7a B	IRTHPLACE (STATE OR ARRIED 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNT	Y OF DEATH
		ENN SYLVANIA USA WIDOWED DIVORCED CO	UNTY MD.
STE STE		ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (TYPE OF WORK!) FOR MOST OF WORKING LIFE)	OR INDUSTRY
DELAY 3 TO TH NIN PAG D BE FILL		FALLSTON 2806 FALLSMONT DR. AL RESIDENCE (IF IN NINESING FORME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	OIL BURNER
IF ANY DELA IF AND 3 TO 3. RETAIN P. SHOULD BE.	13a. S	MARYLAND BALTIMORE 136. COUNTY BALTIMORE 136. COUNTY BALTIMORE 136. STREET ADDRESS YES NO X 1203 63RD ST.	
MD. 21 ATH. IF PM 3. ID 2 SH WI AL R		ATHER'S NAME IS MOTHER'S MAIDEN NAME	11/2
MA PM	P	ALEX (ALEXIUS) KUDRICK ANNA	CSYR
AALTIMORE, I S. AFTER DEA GIVE PAGES ITH FORM P VISION OF	16a. V	NAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 187 FOR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
URS AFTER DEATH. I URS AFTER DEATH. I URS AFTER DEATH. I WITH FORM PM 3 PAGES I AND 2 DIVISION OF VITAL		171011781 JOSEPH R. KUDRICK 2806 F	ALLSMONT DR
HOUR W 18. WATE WILL PINE. DIE. DIE.		18. CAUSE OF DEATH (Enter only one couse per lise tor/b), (b), ond (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ESTON ST. HIN 24 HO IN ITEM HOUSE SIT PERM! HYGIENE.		15 79 IMMEDIATE CAUSE (o) CELECTIVITY CONTROL OF	
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UTED WITHIN IN PRESTA UTED WITHIN IN PENCIL IN EXAMINER A RIAL-TRANSIT OF MEMORAL HYPOLOGIA OF REMOVAL HYPOLOGIA IN PROPERTION OF REMOVAL		gove rise to immediate (b)	
301 W. PRESTON ST., CUTED WITHIN 24 HOL IN PENCIL IN ITEM 18 L EXAMINER ALONG V URAL-TRANSIT PERMIT. 40 MENTAL HYGIENE. I		lying couse last. (c)	
S A B A C	1,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
ITAL RECORD SHOULD BE E) RD "PENDING CHIEF MEDIC E USED AS A OF HEALTH,	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
▼ Solippi	FIC	THE CONDITION WHICH OPERATION WAS PERFORMED!	20. AUTOPSY?
IN OF VITA FICATE SHO THE WORD OUT BE CH OUTUB BE U RTMENT OF	ERT	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAGE	YES LI NO
DIVISION OF VITAL S CERTIFICATE SHOL RITING THE WORD TO THE CHIE F. 3 SHOULD BE USE F. DEPARTMENT OF I PRIOR TO BURIAL, C		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
CERT TING DED 1 DED 1 DEP 4 PRIOR	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION	UNITY STATE
DIVISION OF VIT BIVISION OF VIT R. THIS CERTIFICATE SHE DRWARDED TO THE CORWARDED TO THE C. S. TATE DEPARTMENT OF THE CORMINENT OF THE CORMINE	2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	THE STATE
		22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my op	pinion
EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: VIRT THE		death resulted from: Notural causes Accident , Spicide , Hamicide Undetermined manner ,	1 1/2
EXAA CERTI CULD BURE DIREC WITH		ACTUAL / Welle of Cold TITLE SPECTIVE DATE	3/10/01
CAL EXA THE CER SHOULD RAL DIR ATH, WI		SIGNATURE MEDICATEXAMINER SIGNE	0_11/18/
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUN AFTER DEATH, V. BALTIMORE, MA.		EXAMINER'S NAME OHN G. ORTH ADDRESS 8019 SHILADELPHI	119 10
PAK PAK BALL	23a.B	URIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d, LÖCATION CHYOR TOWN COUN	NTY STATE
BP	24.5	BURIAL 3/21/81 OAKLAWN BALTIMORE	MD.
DHMH - 17 (VR A15 ME (5))	24. 1	UNERAL DIRECTOR ADDRESS ADDR	GNATUKE
15M 7/77		they want I'll Chesaco the. MAR 7.4 1981	20/10/

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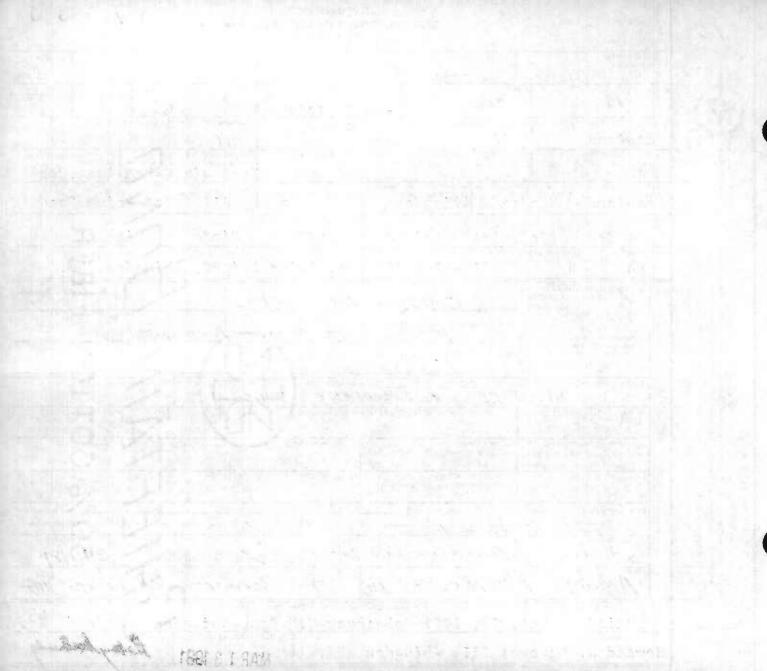
10	1	FOR - STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL H FICATE OF DEATH	YGIENE 8 REG. NO.	07978
3 26		CEASED NAME FIRST GLADYS	ADELIA	140	AST	24 DATE OF DEATH MONTH	2 81 8 0 HOUR 28
pag day	3 56		4 RACE	5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
6		Female	White	MONTH	18 OI	79 YR:	
。《謝雅》		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY?	D NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
A COUNTY	M	laryland	U.S.A.	WIDOWE			COUNTY M
Se de la constante de la const	10 0	ALLSTON	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY GIV FALL STON		11 -	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWife	126 KIND OF BUSINESS OF INDUSTRY
9 11 1	USU	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		CE BEFORE ADMISSION)	14001111		
8 89 85		ryland Har	ford Bel	Air	YES NO T	210 Royal O	ak Drivo
A DOWN		ATHER'S NAME	2024 202	1111	15. MOTHER'S MAIDEN		ar Diive
B 35 HO/	1	Martin	Lau		Hattie	MIDDLE	Moore
10 ST 8	16a. 1	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT	27 (ADDAESS, 72)	l Oak Drive
the ages	110	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	22-3498	Gladys Je		Air, MD. 2101
are P.	-				Gradys De	HKTHS DEL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ohysi obysi movi ic evi		PART I DEATH WAS CAUSE	D BY.	1			1:
h ce		IMMEDIA	TE CAUSE (0)	revol	OWNEST		17 min
deat cark on, o		7360	DUE TO, OR AS A CON	SEQUENCE OF	1	A 1.	600.
the attemove emati		Conditions, if ony, which gave rise to immediate	(b)	- Cons	wagener.	Sherell	OE Muy
that or o		couse 101, stating the underlying cause last	DUE TO, OR AS A CON	ISEQUENCE OF			241,2
equires signed to please burial			(c)	MY	poxic) - (W)
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an. cate has bee int permit. Till shows an till show an till	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
SICI.		218. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITEM	IS, PART I ORPART 2)
DING PHY ttending ph After this s the burial th and Men marked or	MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET		
	3	AT WORK AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
- m · · m - · ·		270.1 certify that (I) (this hosp	ital) attended the deceased	from		, to	, 19, that (I) (we) las
ATT piral for u		sow the deceased alive on above. (1) (we) (did) (did) and	T) view the body after death.	_19 or	nd that in (my) (our) opinio	on death occurred on the date and I	hour and from the couses stated
hos hos rept		226 SIGNATURE	7		DEGREE		22c. DATE SIGNED
the I		74	The		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN 12	7 May 21
TO HOSPITAL TO FUNERAL TO FUNERAL with the State I MAPORTANT:	1	224 PHYSICIAN'S NAME (TYPE	DR PRINT)		220 ADDRESS		. 10
FUN THE		Hav	ritory		FG.	V	
TO HOSPITAL retained by the TO FUNERAL I should be detach with the State D IMPORTANT: I	730	Y		Tar NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION	
BP	1	BURIAL, CREMATION, REMOVAL BURIAL	3/6/1981			CITY OR TOWN	COUNTY STATE
br	74 F			Holly		White Marsh ATE REC'D. BY REGISTRAR 256. PER	Maryland
DHMH-16 25M		UNERAL DIRECTOR Duda			1 1 1 1	D 4 1981	By Merrada
(VRA 15, 4) 1/79	1/	922 Wise Aver	nue Dundal	K, MD.	21222 WA	11/ x 1001	



2 エ	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	079791
oy be	{ TYPE	CEASED NAME FIRST MIDDLE LAST. CORPRINT) Emilee Jane Leftridge March 1.	1981 428.
e (M)	3. SE	14 RACE S. DATE OF BIRTH OF AGE (IN YEARS LAST BIRTHDAY 1905 75	Y) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Po		RTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTRY!	
is after dec by the fune filed within	111	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (INDIA) IN SUCFACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO HOMEMAKER HOMEMAKER	DRKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY HOME
AND 212 n 24 haun filled in rould be i	13a S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE 13 COUNTY 14 COUNTY 15 COUNTY 16 COUNTY 17 COUNTY 17 COUNTY 18 COUNT	UMAN Rd
MARYL, markin ted within ted within and 2 st	14. FA	Wesley James Shiraut Bertie Mae Le	Bonard
IMORE, on and community of the community		VAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) No Walter S. Leftridge, 1543	Maryland 21001 Perryman Road,
RESTON ST., BALL e death certificate e attending physica mave carbon paper nation, or remaval. troumatic event, th		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Liver Cirrholis or gove rise to immediate	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 W. PR	TION	DUE TO, OR AS A CONSEQUENCE OF metastatic clisical part 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITIONS OF THE JERMINAL DISEASE OR CONDITIONS O	rot
VITAL N: The nysician pysician pysician history hygien hygien hygien 18 shaw	CERTIFICATION		B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO I
DING PHYSICIAN or ottending ph After this certific e as the burial-tr alth and Memo! I marked or them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK AT WORK NOT WHILE AT WORK AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE	COUNTY STATE
OR ATTENDING e hospital ar a DIRECTOR: Afte ached for use as Dept. of Health f them 21 is morth		220.1 certify that (1) (this haspital) attended the deceased from saw the deceased olive on above, (1) (we) (did) (did not) view the body after death. 27b. SIGNATURE DEGREE	
HOSPITAL OR hined by the h FUNERAL DIR uld be detached in the Store Dept.		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (1795 OR PRINT) 278. ADDRESS DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (1795 OR PRINT)	27%, DATE SIGNED
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I		M. JESADA. BISS. union ave	Hdg nd 2103
BP	230 B	Burial 4 March 81 Spesutia Cemetery Perryman Ha	arford Maryland
DHMH-16 30M 2/80 (VRA 15, 4)		rring Funeral Home, P.A., Aberdeen, Md. 21001 1250. Date rec'd. By registrar 256.	A

57 2011 7 21 and the read the setting of the range to the setting The interest of the second second to be refunded in the Minifester section assembly the transfer of the way I say I fairful

10	1.	FOR STATE REGISTRAR			DEPAR	MENT OF	E OF MARYLAND BEALTH AND MENTAL H BICATE OF DEATH	YGIENE 8	0 7	9	8 0
		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY		26. HOUR
y be			FTON	J	ames	LEIG	HT		3 11	81	3 %
Poge 4 may clirector, pag nouncafter de	3 SE	×	4 F	RACE Car	,	S. DATE O		6. AGE (IN YEARS LAST	(3 _{YRS.}	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
nero di n 72 ho	M	RTHPLACE (STATE OR FO		CITIZEN OF	WHAT COUNTRY	? 8. MARRIE WIDOWI	D NEVER MARRIED !	9 BALTIMORE CITY NARFOR	OR COUNTY OF	DEATH WY	MI
by the fu	P	ALLSYON	н 11.	(IF NOT IN SU	HOSPITAL, NURS CH FACILITY, GIVE STREE TO N	(ADDRESS)	DROTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS) TOOL-Die		126. KIND OF INDUSTRY AMer.	BUSINESS OR Can
filled in nould be	13a :		B HOME OR OTH 136. COUNTY Harf		GIVE RESIDENCE BEFO BLOTY OR TO Abing d	WN	13d. INSIDE CITY LIMITS?				
ond 2 showing	14. FA	Ashton	Col	umbus	Lei	ght	Myrtle	Viola Viola	Mic	haeles	
n and co		VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMEL (IF YES, GIVE W)	D FORCES? AR OR DATES 1	9-01-2	463	17. INFORMANT Mrs. Anita		ress Nbingdo	n, Md	1.
d by the attending phy lease remove carbon pc ial, cremation, or remo		Canditions, if any, a gave rise to imme cause (a), stating underlying cause	which	DUE TO, O	R AS A CONSEQUER AS A CONSEQUER	JENCE OF	WIC SHO DISSECTI	OCK.	ANEURY	CM?	
Then plant to burn	NO		MUL				NOT RELATED TO THE TE	RMINAL DISEASE OR CO	ndition given	IN PART 1(a)	
has been the print tene print tows any	CERTIFICATION	190. DATE OF OPERATE	ÓN	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING NG CAUSES C	GS USED OF DEATH? NO []
rial-trans ental Hyg		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH		OF INJURY .M. MONTH I	DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF IN	IURY IN ITEM 18 PART	I OR PART 2)	
fter this as the but hand M brand M brand M brand M	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK	ЕП		OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	21f. LOCATION STREET	CITY OR	OWN	COUNTY	STATE
CTOR: A for use of Heals		220. I certify that (1) (t saw the deceased abave, (1) (we) (dic					nd that in (my) (our) opinio	n death accurred an the	date and hour ar		nat (I) (we) last auses stated
r the had all DIRE detached ate Dept		276. SIGNATURE	ew /	Now	alcow	les	MAN ATTENDING	MEDICAL ST	AFF ICIAN [3/1/	IGNED 8
TO FUNERA should be d with the Sta		ANDREY	WE STYPE OR PR	BWA	Kowsk	1 MI	220 ADDRESS 715 8	Chomrock	Rd, as	el Ais	mo
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AH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR OWAND K. 1	McCom	as II	II. ADDRESS	nadon		DATE REC'D. BY REGISTRA	R 25b. REGARA	S SIGN LTU	Rudy





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	08. 7	CRISINAL	ZZZAZZ
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The Country Ref.			
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	TYPE OR PRINT)			WIDDLE	LAST .		20. DATE KNOWN OF ESTI-		DAY Y	AR 2b I
2.0		Arthu		R.	Mull		DEATH MATED	3	9 198	
3. S	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1 Y	R. IF UNDER 24	HRS. 2c. DATE PRONOUNCED	MONTH	DAY	EAR 24
	Male	White	8/17/59	- 1	RS.		DEAD	3	9 198	
70.	BIRTHPLACE (FOREIGN COUNTRY)		76. CITIZEN OF WH		8. MARRIED	NEVER MARRIED		_		Н
1	Kentu			5A	WIDOWED X	DIVORCED		ord Cou		
A 10	CITY OR TOWN	OF DEATH	II. NAME OF HOSE	PITAL, NURSING HOMI	E, OR OTHER INST	ITUTION 12	O USUAL OCCUPATION FOR MOST OF WORKING LIFE)		12b KIND O OR IND	F BUSINE USTRY
		d County	Cha	ise Manor M	lotel		Employe		Bata	Sho
USI 130.	UAL RESIDENCE STATE	E (IF IN NURSING HOME)		13c. CITY OR TOWN		DE CITY LIMITS? 13	s STREET ADDRESS			
	Maryl		rford	Belcam			Box 51			
_ IL	FATHER'S NAM	\E	WIDDLE	LAST	15. MO	THER'S MAIDEN	NAME MIDDLE		LAST	
/	Arth	ur		Mullins		Mona	Middle	E.	Tucke	r
160.	WAS DECEASE	ED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURIT	Y NO. 17. INF	ORMANT	ADDR	RESS	Jenki	ns,
	?	(11 120, 0112	Will On Dates,	?	Po	ly & Kr	aft Funeral	Home		Ky.
	18 CAUSE	OF DEATH (Enter or	nly one cause per line t	for (o), (b), and (c).)					APPROXI	MATE INTER
	PARTID	EATH WAS CAUSE	D BY: Sh	otgun woun	d of head	i			BEIWEEN	INSET AND
	75	5/ IMMEDIA		AS A CONSEQUENCE	OF					
		ons, if any, which							300	
	couse (c) stating the under-	< ' '	AS A CONSEQUENCE	OF					-
	lying co	use last.	(a)						Tool La	
	PART 2 OTHER !	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CONO	ITION GIVEN IN PART 1	o'.			
1 7										
ő	4									
ATIO	190. DATE O	FOPERATION	19b. CONDITI	ON FOR WHICH OPER	RATION WAS PERF	ORMED?			20 AUTO	PSY?
IIFICATION	190. DATE O	FOPERATION	19b. CONDITI	on for which oper	RATION WAS PERF	ORMED?				
CERTIFICATION	19a. DATE O	AL CAUSE WAS	21b. TIME OF	INJURY	Izic HOW INJ		ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PA	YES 1	
AL CERTIFICATION	19a. DATE O 21a EXTERN UNDERLYING	AL CAUSE WAS	21b. TIME OF HOUR	INJURY MONTH DAY, YEAR	2 tc. HOW INJU	JRY OCCURRED (M 18 PART 1 OR PA	YES 1	
EDICAL CERTIFICATION	CONTRIBUT	AL CAUSE WAS GOOD OR ING CAUSE OF	21b. TIME OF HOUR DEATH 3:00p.m.	INJURY MONTH DAY YEAR 3/9/198 FINJURY (ATHOME	Subjection	URY OCCURRED (nimself		YES 1	NO NO
MEDICAL CERTIFICATION	CONTRIBUT 21d, INJURY WHILE	AL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE	21b. TIME OF HOUR TO BEATH 3 SOOP, M. 21e PLACE O STREET, FACTO	INJURY MONTH DAY YEAR 3/9/198 FINJURY (ATHOME. PRY, FARM, ETC.)	21c. HOW INJURA Subject 21f. LOCATION STREET	URY OCCURRED (YES 1	() N
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MEDICAL CERTIFICATION	UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK	AL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE AT WORK	21b. TIME OF HOUR 3:00p.m. 21e PLACEO STREET, FACTO Chas	MONTH DAY YEAR 3/9/198 FINJURY (AT HOME. DRY, FARM, ETC.) e Manor Mo	216. HOW INJURED TO STREET Autopsy X Dicide X Ho	Inspection	city or town	Harf	YES 1	N O
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MEDICAL	UNDERLYIM CONTRIBUT 21d. INJURY WHILE AT WORK 22a Cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	AL CAUSE WAS GORING CAUSE OF OCCURRED NOT WHILE AT WORK Inty that I took charge ted from: Notu	21b. TIME OF HOUR 3:00p.m. 21e PLACEO STREET, FACTO Chas ge of the remoins descrol couses	MONTH DAY YEAR 3/9/ 19 8 FINJURY (ATHOME. BY, FARM, ETC.) e Manor Mo ribed obove, held on Accident , Su Dlan, M.D. 138, NAME OF CE	216. HOW INJURE 211. LOCATION STREET Autopsy X Autopsy	Inspection [In	CITY OR TOWN Inquiry . Judgetermined monner . MEDICAL EXAMINER	Harf	YES 1 VES 1 Ord Co Dinion 3/	0. I

- Labors vánunó — o — north at 3 eavelone Maryland Harlord Belgamp x Rox 51 Mulli-E Von 7 Poly & Kraft Funeral Home Removal 2/10/81 Eukon Caratary Paint Sap, Kentucky Henry W. Johtine & cont Co.

STATE OF MARYLAND

FOR

(VRA 15, 4) 1/79

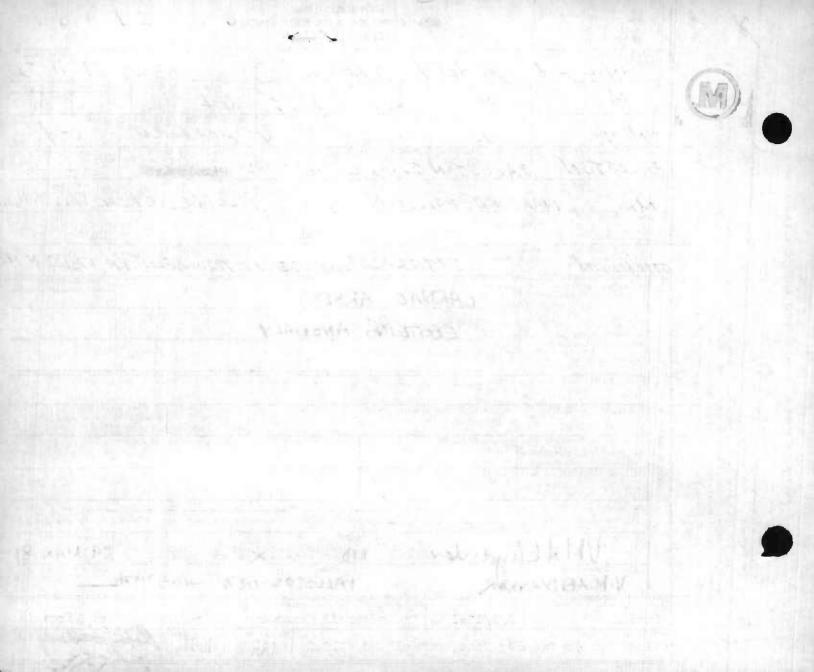
AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR the best for pit OSes x seemend the best seems and the Frank L. J. Buse U. Josi Sigelengu, Strefends 2 200 and a little of the later and the second of 3 has



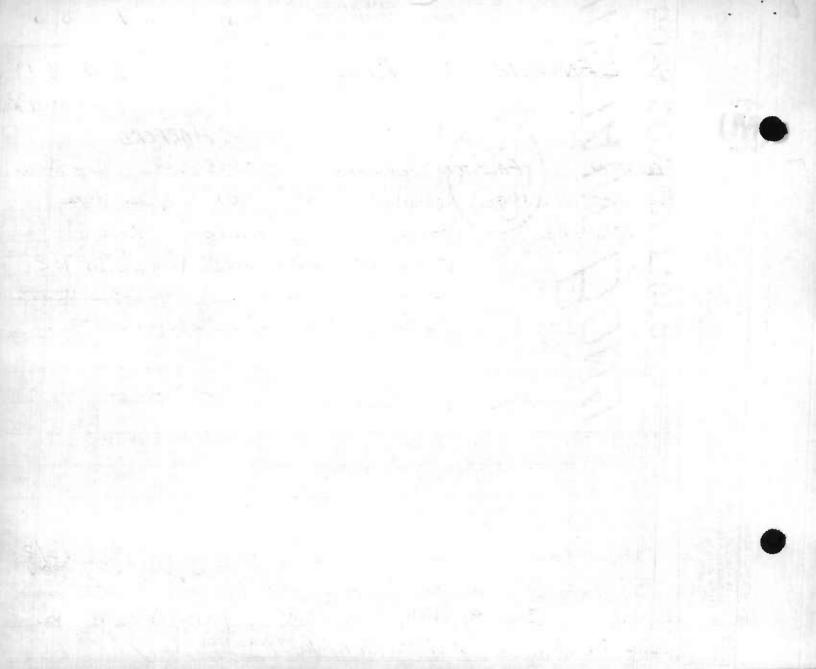
1	N	Ki	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 REG. NO.	7 9 8 6
(1	WY)		ECEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 25. HOUR
1		L	PAUL	ARMAN	NORRIS	3-	13-81 12-AM
ettor, p	100	3 51	MARE	WHITE	5 DATE OF BIRTH MONTH DAY YEAR O O	6 AGE IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
i di	80		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
inner.	200	1	MARYLAND	U.S.A.	1	HARFORD	MD
by the	18	4	ALLSTON	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION I ADDRESS) WELLE HOSPI TO		IZE KIND OF BUSINESS OR INDUSTRY TRANSITCO,
filled in	ild be fi	13a	STATE 136, COUN	FORD BELAIR		- / /	UNTRY VILLAGE.
tely	shou	14: F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN		and a
completely	and 2	1	PAUL	NORR	US MAMIE		N/A
o pue us	Pages t the		WAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN] IF YES, GIM	MED FORCES? EWAR OR DATES)	2 4	IFE NORRIS SA	meAs#13
nysicie	apere.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	nly one couse per line for (a), (b), an	ndie:	want	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ld 6u	on por rem	1		TE CAUSE (o)	- Julian nuy o	Moisi	
ttend	e cark tion, (r trau		Canditians, if any, which	DUE TO, OR AS A CONSEOU	el lentre car	lis vasandan de	2.
the a	r othe		gove rise to immediate couse (o), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
ed by	rial, d	Н	underlying cause last.	(c)			
en sign	Then plant to but any inju	N Q	PART 2 OTHER SIGNIFICANT	mplhulny	20 6 Bhumic	bladde will	24 obstaction
e has be	ene pric	CERTIFICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF	PYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
ician. tificat	Hygin 18	E E	21a. ACCIDENT WAS UNDERLYING			URRED (ENTER NATURE OF INJURY IN ITEM	
phys	ial-tran Tental H or Item	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
ending ofter th	and N	WED	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
FOR: A	Health 21 is m			tal) attended the deceased from	Febru 181	10 month	that (I) (we) last
REC	d for pt. of Item		obove, (I) (ve) (old) (did no	t) view the body after death.	DEGREE	on death occurred on the date and	22c. DATE SIGNED
y the ho	detache tate De		Benge	yon	M. D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	2/15/61
rained by	should be with the S IMPORTA		BOW (STEYZA 4	U.D. 1131 Bat	tuno Piko, De	of Ain hd. 210
Ja F	48.58 E	23a.	BURIAL, CREMATION, REMOVAL	236. DA/E 23c.	NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION	COUNTY STATE
BP	-11	24	DURIAL UNERAL DIRECTOR F. BAR	1917/8/ M	ORELAND MEMITK.	DALTIMORE DATE REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
	H-16 25M I5, 4) 1/79	1	NAME	ERAL SERVICE	BENSON, MD.	D X 1981	by Mc Credy
			TO TORE	70.12			7

- Condana Charlet Canthana The state of the s A SECTION OF THE PROPERTY AND ASSETS A Benefit Karen (1 th 21) ALASTA BARRED PARTE Markets Merica Ry Tanamas arrange to the state of the state A STATE OF THE STA Contract to the second second Charme -111/31 Misser and sent the Charmedon The second of th

	1 -	STATE REGISTRAR		OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	REG. NO	
-	(TYPE	CEASED NAME FIRST	ASHLEY C	'DELL	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 7
)	3. SEX	M		ATE OF BIRTH AONTH DAY YEAR 1.7	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MILL
85		OUNTRY)		RRIED NEVER MARRIED OWED DIVORCED	BALTIMORE CITY O	RP WUNTY
82	10. CI	ALLS TON	1). NAME OF HOSPITAL, NURSING HOMES HOMES TO NOT IN SUCH FACILITY, GIVE STREET ADDRESS FALLS TON GENERAL		Type of work for most of Mixolog	F WORKING LIFE) INDUSTRY
26	130. S	LERESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISS	YES NO 1	13e STREET ADDRESS 1820 ABEL	IA ROAD VALLSTO
20	14 FA	THER'S NAME FIRST EChOLS	O'Dell	15. MOTHER'S MAIDEN NAMED IN THE STREET	WIDDIE	Nutter
Hedicol	()	AS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECURITY N WAR OR DATES) 577-22-8	O. 17 INFORMANT	en 1820ABE	ELIA RP. FALLSTON
s ony injury, or other	CERTIFICATION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE C (c) ONDITIONS CONTRIBUTING TO DEATH 19b CONDITION FOR WHICH OPERA	BUT NOT RELATED TO THE TERM	200 AUTOPSY?	DITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
m 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			YES NO Z	YES NO RY IN ITEM 18 PART 1 OR PART 2)
rked or he	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 23e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn COUNTY STAT
Nem 21 is ma		220.1 certify that (1) (this haspit sow the deceased alive an above. (1) (we) (did) (did not 22b. SIGNATUR)	oil) attended the deceased from	, 19, ond that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN D		19, that (I) (we) to the and have and from the causes state 272. DATE SIGNED 29 MAR
MPORTANT: IF		22d. PHYSICIAN'S NAME ITYPE OF V. M. ABHYA	PRINT	22e. ADDRESS	GEN. 40	(Number 1997)



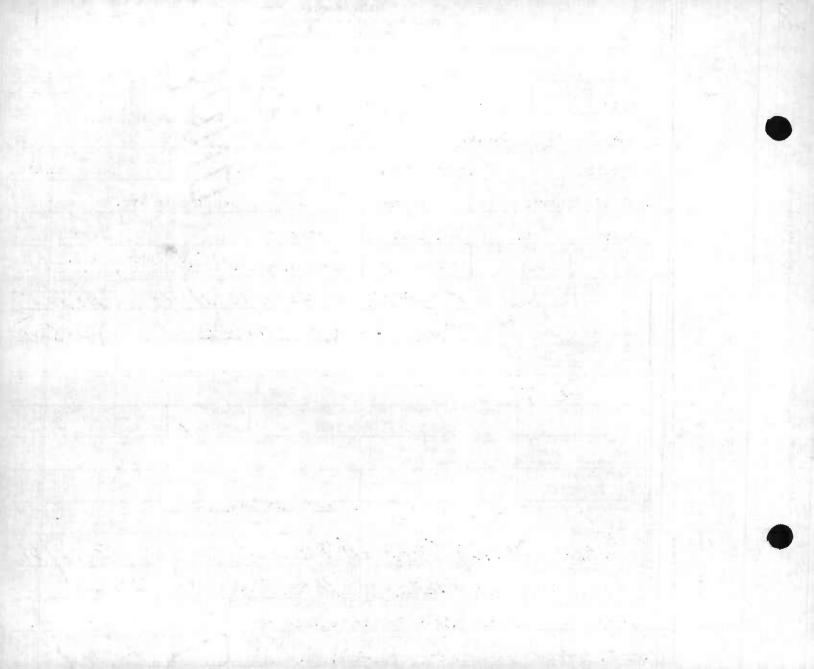
16.	15	STATE OF MARYLAND
	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIGHE 1 0 / 9 6 3
MANUEL COLOR	1. DE	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. CEASED NAME FIRST MODIE LAST 126. DATE KNOWN OF MONTH DAY YEAR 126 HOU
W .: 20.		PE OR PRINT)
EASI FILES PURR REET	3. SE	
PLEASE NECTOR. UR FILES. 2 HOURS N STREET,		MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED
PRESTON	7a. B	IRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH
10 mg 2 mg 10 mg 1		WIDOWED DIVORCED HARFORD
##X#307		ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1/2). KIND OF BUSINESS
A SE	F	OR INDUSTRY SALO CLEVE DEAL STORE
ANN	SOI S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 1 136, COUNTY (114, CITY OR TOWN 13d, INSIDE CITY LIMITS? 132, STREET ADDRESS (
21201 AND AND SECOND SE	IM	ARYLAND HARTFORD AhINGDON YES IN NO 1 902 LONG BAR ROAD
MD. 1, 2, 7, 1, 2, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	14. E	ATHER NAME MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
A P P P P P P P P P P P P P P P P P P P	1	RAYMOND PIERCE KEBECCA KENNY
BALTIMORE. S. AFTER DEA: GIVE PAGES ITH FORM P. PAGES 1 AN IVISION OF	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 167. INFORMANT 169. SOCIAL SECURITY NO. 17. INFORMANT 170. SOCIAL SECURITY NO. 17.
S AF GIVISI		NO 1 1151-14-8249 MM. (ARO) JINETTE MODRESTOWN N.J.
OUR NI W MIT.	10	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST ITHIN 24 HOU ILL IN IEM 11 VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.		IMMEDIATE CAUSE (a) TURNILLES (DUE TO, OR AS A CONSEQUENCE OF
REST NST EMO		Canditions, if any, which A to be a time he art disease to
WIT	15	gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF
DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W RITING THE WORD "PENDING" IN PEN RDED TO THE CHIEF MEDICAL EXAMII RE 3 SHOULD BE USED AS A BURIAL-TR TE DEPARTMENT OF HEALTH AND MENT OI PRIGR TO BURIAL, CREMATION, OR		lying cause last.
WATIO		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)
S A NETH	NO.	Chronic lung disease & ? Hypertensine C.V.D.
LES AL	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
\$ \$8 E 2 E 2 E	4 6	YES NO D
A ATE WENTER OF THE WENTER OF		216. EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
A ARITHO	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19
CER DED DED PR	MED	21d INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
WR WR WR VAR		AT WORK AT WORK
POR SEE	1	270 Certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion
STATE OF THE PARTY	1	death resulted fram: Natural causes . Accident ., Suicide ., Hamicide Undetermined manner
PUCER.	1	ACTUAL DATE 3/27/8/
SHE SHE	7	SIGNATURE MEDICAL EXAMINER SIGNED SIGNED
WED WED	4	EXAMINER'S NAME Samuel H. Henck ADDRESS White Ford, Mary and 2/160
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY BE EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDING" IN PENDIL IN TEM 18. GIVE PAGES 1, 2, AND 3 TO THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 4 SHOULD BE USED AS A BURRAL. TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE TELES DAY BY ASTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORDS, 201, W. BATTIMORE, MARYLAND, 21201 PRIOR TO BURRAL, CREMATION, OR REMOVAL.	23a.B	IURIAL CREMATION REMOVAL 1236 DATE 1236 NAME OF CEMETERY OR CREMATORY 1236 LOCATION
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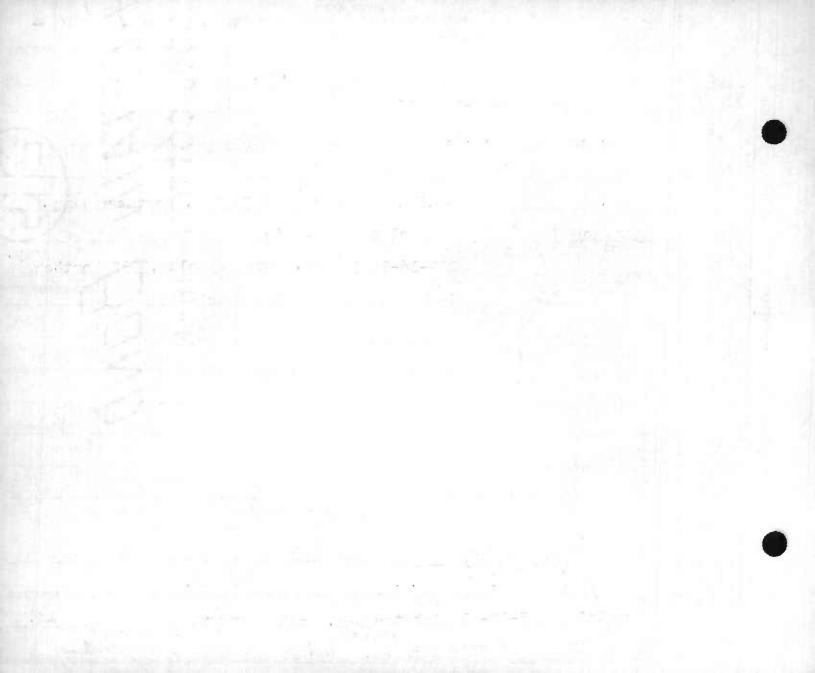
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2/80	-					200 6777 6	1 - 1 - 1 - 1	~ 0 10	Y 1			



	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND TEALTH AND MENTAL HY TICATE OF DEATH		0	7 9	9 3			
		CEASED NAME OR PRINT)	FIRST	MIDDLE	ŧ	AST	20. DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR			
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	3. SE	Х		4 RACE	5 DATE C		6. AGE (IN YEARS LAS	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
		Male		White	10	15 1891	89	YRS.					
371		IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	TY OR COUNT	TY OF DEATH					
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1	10 C	ITY OR TOWN OF DE	ATH	 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 	T ADDRESS)		170. USUAL OCCU		LIFE INDUSTRY	OF BUSINESS OR			
E.A.	_	berdeen		1000 Old Philad		a Road	Farmer		Farmi	ng			
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how	RTIF						YES NO		YES 🗌	NO 🗌			
18		210. ACCIDENT WAS U		1216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18	3, PART 1 OR PART 2]				
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ŏ	MED	21d INJURY OCCUI	RRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.)	211 LOCATION STREET	CITY C	OR TOWN	COUNTY	STATE			
lorke		AT WORK AT W	ORK -		3.	5- 61	7	34-	81	(5)			
21 is a		A		to dended the deceosed from	-	nd that in (my) our) opinion	n death occurred on t	he date and he	our and from the	that (1) (we) lost couses stated			
If hem		77k PISSIATURE	1	talle a la	14	DEGREE ATTENDING		STAFF	22t. DATE	SIGNED			
Z		22d. PHYSICIAN'S N	AME (TYPE OF	O . WILLIAM		PHYSICIAN 22e. ADDRESS	DIRECTOR PH	ITSICIAN [000			
MPORTANT		Pe	ter P.	Rodman, M.D.		8 Law Stree	et, Aberde	en, Mar	yland 2	1001			

23c. NAME OF CEMETERY OR CREMATORY

Spesutia Cemetery

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

74 FUNERAL DIRECTOR
NAME
Tarring Funeral Home, P.A., Aberdeen, Md. 21001

3/27/1981

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIEY)

Burial

Perryman Harford Maryland

COUNTY

STATE

23d. LOCATION

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	1 DE	CEASED NAME FIRST	MI	DDLE	LAST	20. DATE KNOWN OF ESTI-	
A SA SE		Clare	nee GE	orge	Riler	OF ESTI- DEATH MATED	X 3-16 1981 4:00
2922	3 SE		5. DATE OF BIRTH	6. AGE (IN YEARS			MONTH DAY YEAR 24 HOUR
【報報】		MWh		33 47 YRS	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	3-16 1981 7:30
73887°	70 B	IRTHPLACE (STATE OR	76. CITIZEN OF WHAT	COUNTRY?		9 BALTIMORE CITY	Y OR COUNTY OF DEATH
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S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER RITING THE WORDS "FENDING" IN PERCIL IN ITEM B. GIVE PA REDED TO THE CHIEF MEDICAL EXAMINES AGONG WITH FORE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT PAGES IE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF PRICE TO BE WILL CREMATION, OR REMOVAL.	CERTIFICATION						
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PRI	0	71d INJURY OCCURRED		JURY (AT HOME.	21f. LOCATION		
ARDIS CORE	E	WHILE NOT WHILE AT WORK	STREET, FACTORY,	FARM, ETC.]	STREET	CITY OR TOWN	COUNTY STATE
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WE HE HE		death resulted from: Natur	al causes Ace	sident . Suici	de 🔲 , Homicide 🔲 .	Undetermined monner	J. 1
WAN WAR	1	ACTUAL	02/2/	. 16	TITLE (SPECIFY)		DATE 3/14/8/
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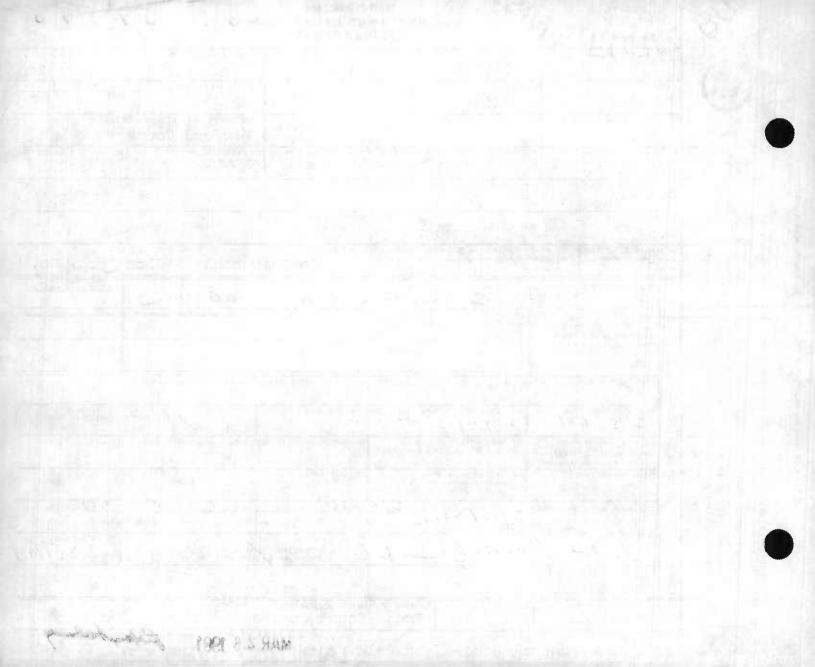
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE DECEASED NAME FIRST 2e. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) 4 RACE SEX DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR DAYS HOURS rauc. 24 02 In BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED & COUNTRY Perry Hall. Md. S. WIDOWED DIVORCED X Harford Co. IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 126 KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! I TYPE OF WORK FOR MOST OF WORKING LIFE! Fallston General Hos. Fallston, Md Father Fallston Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE
130 COUNTY
136 CITY OR TOWN Perry Hall, Md. 13e STREET ADDRESS 1134 INSIDE CITY LIMITS? Baltimore Perry Hall Md. 1905 E. Joppa Rd 21128 YES | NOT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Schwartz Herman Caroline ADDRESS 9429 Gerst Rd. 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Bernard H. Schwartz Perry Hall Md. 21128 213-38-8557 18 CAUSE OF DEATH (Enter only one cause per line for (att/b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED INCERTIFYING CAUSES OF DEATH? NO YES T NO I 716 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 22a I certify that (I) (this hospital) attribled the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view 11 abody after death 226. SIGNATURE 224 DATE SIGNED DEGREE MEDICAL ATTENDING STAFF DIRECTOR PHYSICIAN PHYSICIAN. 224. PHYSICIAN'S NAME (TYPE OF PRINT)

TO FUNERA should be det with the Stat BP.

DHMH-16 25M (VRA 15, 4) 1/79

IMPORTANT

urial-transit perm Mental Hygiene

238 BURIAL, CREMATION, REMOVAL 23b. DATE | SPECIFY Burial

-28-1981

231 NAME OF CEMETERY OR CREMATORY

22R ADDRESS

23d. LOCATION

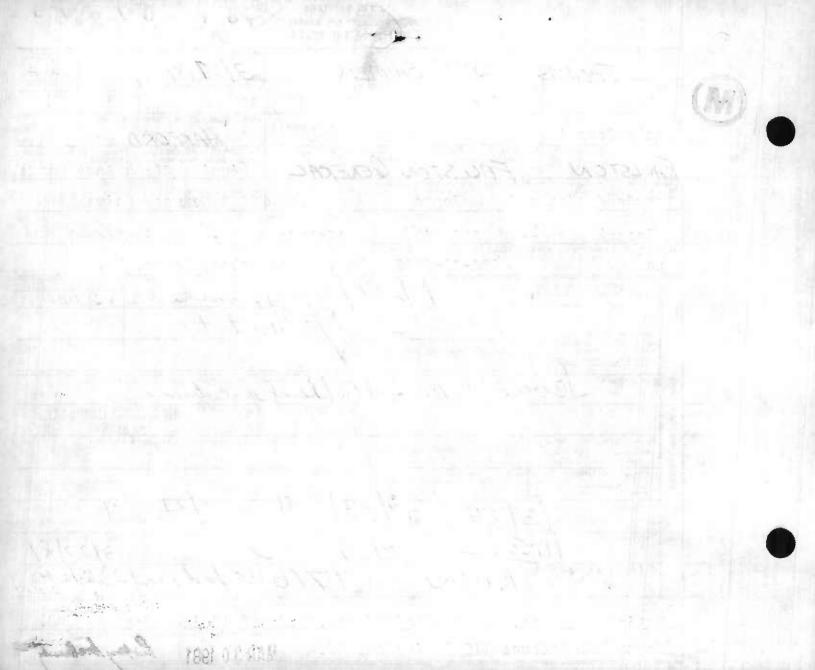
CITY OR TOWN COUNTY

MDZWY

St. Michael's L. C.Cem. Perry Hall Balto. Co. Md. 25 DATE REG D BY REGISTRAR 255 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR E.F. Lassahn, 11750 BelairRd. Kingsville, Md. 21087



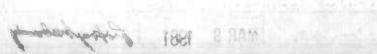




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DIVI L EXAMINER: THIS CEI E CERTIFICATE, WRITH DULD BE FORWARDEE H, WITH THE STATE DE H, WARYLAND, 21201 P		220. I certify that I tak	k charge af	the remains des	cribed aba	ve, held an	Autop	sy .	Inspection	\boxtimes .	Inquiry .	ond in my	opinion		
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(VRA 15, 4) 1/79

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FOR

REGISTRAR

Burial

Walter Dabrowski

24 FUNERAL DIRECTOR

BP.

DHMH-16 30M 2/80

(VRA 15, 4)

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

Holy Rosary

1005 Dundalk Avenue

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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MITCHELLFUNERALHOME HAVRECLE GRACE /M

FOR

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Dec 38 1909 SIGNES - 1949 EVOCUIA S. THUMAS, WINTERVAN, MA BUNDATA STATES SALVEY LAT HEROY ATTACL PISCI AT ATURE , EXECUTALL STREET

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			CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOURD 5
	page 3	(11112	Richa	rd L.	Tolliver	Mar	
	moy Per d	3. SEX		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	S of		Male	White	Nov 17 1934		YRS.
-	Po de de		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CLTY OR CO	UNTY OF DEATH
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_	by the funding ded within		APG.MD 21005	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Kirk US Army HE	The state of the s	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK US Drw	IXING LIFE) 126. KIND OF BUSINESS OR INDUSTRY,
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AND 2120	24 h	Y		Ford 136 CITY OR TOW	YES NO	Co Honwood	Court APC
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	OR he he he he he horoche locke le Dep'		128 SIGNATURE L	ly All	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	20. DATE SIGNED &
	HOSP Ind by the S		Theodore L.	ORPRINTI	Dept of Fam	.4 Profice 1	KIRK Army Health.
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LAVIER MADE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 28 DATE OF DEATH MONTH DAY YEAR 2b. HOUR 1:25 & AGE (IN YEARS LAST BIRTHDAY) AF LINDER I VE AR IF LINDER 24 MPS HOURS MONTHS DAYS **BALTIMORE CITY OR COUNTY OF DEATH** Harford County 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 12=19aPON Hickory 126 North Driborough 17 INFORMAN (DAYSHET) 838-6372 ADDRESS 628 Reland AVENUE Mrs. Paulette TANENDAUM BET Air MAMIAN 21014 APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNT STATE and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated

DHMH-16 25M

(VRA 15, 4) 1/79

24 FUNERAL DIRECTOR Wi Breadway & Will ams St. JOSEPH WAIRAM FOSTER BEL Air Mamplace 21014 muliarelli Frater

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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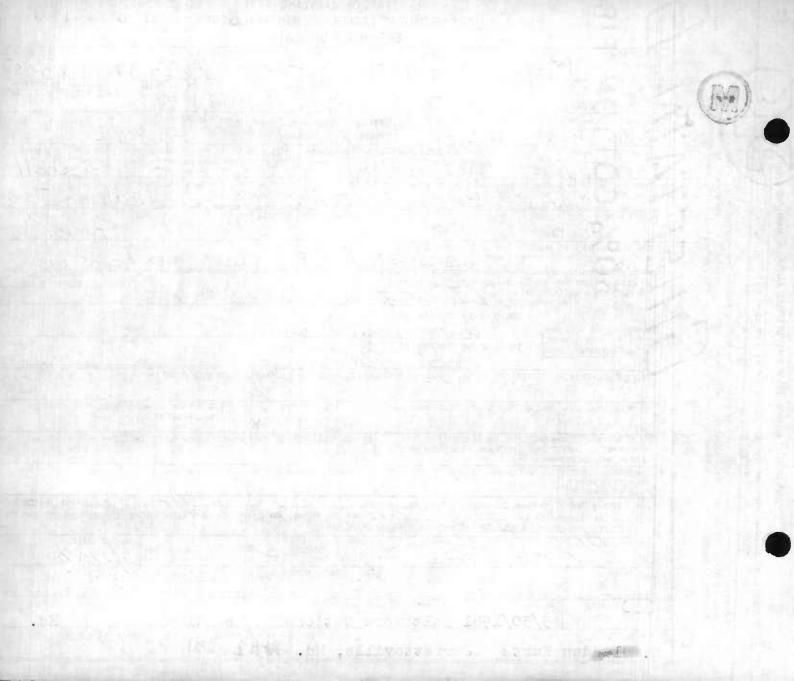
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7	10. CI	IT OR TOWN OF DEATH	(IF)	NOT IN SUCH F	ACILITY, GIVE STI	REET ADDRESS)		ER INSTITUTION	FOR M	AL OCCUPATION (T	PE OF WORK	OR INDUS	TRY
-		allston	F	allst	on Ger	neral H	ospi	tal	Mai	ntenance	Sup.	. U.S	. Army
1	13a S	A RESIDENCE (# IN NURSING HO TATE 136 CC aryland F			13c. CITY (SEFORE ADMISSION OR TOWN Ston	٧)	13d. INSIDE CITY LIMITS? YES NO	130. STRE 284	et ADDRESS -1 Scarfi	Road	i	
	-	THER'S NAME						15. MOTHER'S MAID				LAST	
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	CA	CONTRIBUTING _ CAUSE		? P.A		9 19 81		ubject sho	t sel	Ť			
	MEDICAL	21d. INJURY OCCURRED			OF INJURY	(AT HOME, C.)	71f. LOC	TREET		CITY OR TOWN	LI EOUN	ITY.	STATE
	-	WHILE NOT WHILE AT WORK	×		me		2841	Scarff R	d., F	allston,	Harfor	d,	Md.
		22a. I certify that I took cl		remoins de	scribed obov	re, held on	Autop	y X, Inspectio	on .	Inquiry	and in my apin	non	
			latural caus		Accident		ide X			rmined monner	, .,		
		• 1	2.3.2.2303	20	4			TITLE (SPECIFY)	0		8	3 13	. ()
		ACTUAL SIGNATURE	ima	LWO	lans	200	AA	Assistan	T MEDI	CALEXAMINER	DATE	3/10	18/81
-	_	(1		- 13-110		, , ,		MEDI				
7	-	(TYPE OR PRINT)	irain	ia L.	Dolan	M.D.		ADDRESS		III Peni	Stree	e†	
	23a.B	URIAL, CREMATION, REMOVA				7		R CREMATORY	23d. LO	CATION			STATE
	(:	Burial	3/1	3/19	81 Fa	allsto	n C	emetery	TOTAL	1ston	Harfo		VId.
	24. F	UNERAL DIRECTOR						125 PA 15	REC'D. BY	REGISTRAR 1356-REG	SISTRAR'S SIC	NATURE	
	Μ.		ırtz	Ja:		svill	e.	Md.	70 1			The same	

HTS N. P. P. P. P. P. L. With a summary careful a contract to the careful and the contract to the careful and the contract to the careful and the caref The party of the control of the cont Labit sufficient derrection of the late.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH DECEASED-NAME Last 2b. HOUR (Type or print) CLYV 4-RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MONTHS T DAYS HOURS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED! WIDOWED X DIVORCED [10. CITY OR TOWN OF BEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
T.C.K.E.T. ASCOT BOSC 13e. STREET AND NUMBER Da. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY arford Jarrettsville NO X 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME exandra row 16b. SOCIAL SECURITY NO INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na oyunknawn) Same 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c). BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY PRESTON STREET, IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR ASMA CONSEQUENCE OF stating the underlying cause please DIVISION OF VITAL RECORDS, 301 W. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) permit 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO X YES [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS 21b. TIME OF INJURY burial UNDERLYING DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Not while at wark 22a. I certify that (I) (this hespital) attended the deceased from-19 81, and that in (my) (a) apinion death occurred on the date and have and fram the saw the deceased olive ancauses stoted above, (1) (we) (did not) view the bady after death. 22b SIGNATURE DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 7600 Osler Drive, #411 NAME (Type) should be of Health CHARLES B. HATTON, M.D. Towson, Mary retained 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 1981 Baltimore National Baltimore Md. 0 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE DHMH - 16 3/72 25M M. Glädden Kurtz Jarrettsville. Md. DAT (VR A15 (4))

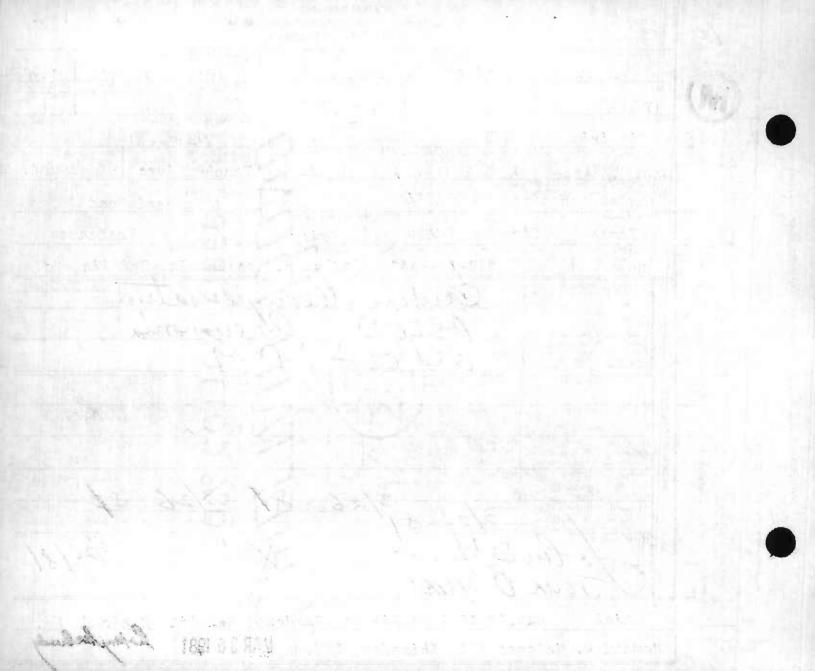


7		1.	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTA		ENE B	0	8 0	1 1		
noy be page 3			CEASED NAME ORPRINT)	FIRST THIEF		= 1ºzabet		JArd		20 DATE OF DEATH	MONTH 0	DAY YEAR	26. HOUR 35. 10A.		
ge 4 may		3 SE	FEMALE	4.	RACE Who	te	S. DATE C	FBIRTH PAY 19 19	40	6 AGE JIN YEARS LAST BIRT	[YADH]	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.		
eofh. Pog	社	70. B	RTHPLACE ISTATE OR FOIL OUNTRY HERE	REIGN 76	CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIE	0 0	HACFOR			~		
s after d by the iled with	00	10. C	TY OR TOWN OF DEAT		I IF NOT IN SU	HOSPITAL, NURSING CHEACHITY, GIVE STREET A	G HOME C	R OTHER INSTITUTIO	NO	12a USUAL OCCUPATI TYPE OF WORK FOR MOST O	ION	126 KIND O	F BUSINESS OF		
in 24 hour ly filled in should be f	ag son	13a	AL RESIDENCE IN NURSH STATE Fryland	HOME OR OT	ord Co BELITIC			134. INSIDE CITY LIM		130 STREET ADDRESS 212-D Crocker			Drive		
mpletely and 2 sh	2C	14. F/	TOTAL TOTAL	dig.	TON	Smithson		13 MOTHER'S MAIDEN NAME ENERGY TENE				Pr:114	Phillips		
be execut on and co	тефио		VAS DECEASED EVER II	U.S ARME		16 SOCIAL SECUI		M?SS Joyce	4.0	18:19-6933 ADDRE	55 2-2 Crr	OCKET &	21014		
that the death certificated by the attending physicalerse remove carbon paperial, cremotion, or removal	ather traumatic even		Conditions, if any, gove rise to imm couse tol, stating underlying couse	which	DUE TO, O	CERE & RAS A CONSEQUE RAS A CONSEQUE	NCE OF	CANCER							
he law requires on. has been signe t permit Then p	2 ans any injury, or	CERTIFICATION	PART 2 OTHER SIGN	city	NDITIONS C	COUDARY	10	NOT RELATED TO THE		NAL DISEASE OR CON SE SIERO 200 AUTOPSY? YES NO	206. IF YES	, WERE FINDIN YING CAUSES	GS USED		
PHYSICIAN: T ending physics this certificate he burial-transind Mental Hygi	d or Hem 18 sh	MEDICAL CER	210 ACCIDENT WAS UNDE OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRE WHILE NOT WORK	AUSE OF DEATH LEXAMINER)	21e PLACE		19	216 HOW INJURY O	OCCURR	ED (ENTER NATURE OF INJUIL CITY OR TOV		COUNTY	STATE		
ATTENDING aspital or off ECTOR After id for use as to of Health a	m 21 is marke		22a I certify that (I) (saw the decease above, (I) (we) (di 22b. SIGNATURE	this hospital	MARCH	25, 198		, 19 d that in (my) (our) o	80 opinion d	eath occurred on the de	ate and havi				
HOSPITAL OK AT ined by the hosp FUNERAL DIRECT uld be detoched is n the Stote Dept on	TANT. # He		224 PHYSICIAN'S NA			ZITH.)	ATTENE	CIAN [MEDICAL STAI DIRECTOR PHYSIC	CIANZ	March	27,18		
TO HOSPITAL retoined by the TO FUNERAL should be detined with the Stote	MPOR	230	SURIAL CREMATION R		EHING 236 DATE		IAME OF C	600 North		23d LOCATION CITY OR TOWN	limore	MAGIAN	d 21205		
DHMH-16 2 (VRA 15, 4)			UNERAL DIRECTOR	to Fos	March !	30,1981 BE	S WILL	monal Garde liams st. 2 21014		REC'D. BY REGISTRAR 3 1 1981		Marylan			



BP______ DHMH-16 30M 2/B0 (VRA 15, 4)

1	1.	FOR .	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIENE 8	080	12
0		REGISTRAR CEASED NAME FIRST	MIDDLE		ICATE OF DEATH	REG. NO.	NTH DAY YEAR	26 HOUR
		E OR PRINT)		1.			04 1004	Za HOUR
1	3. SE	Hothur.	1 RACE		Sum Jr.	6. AGE (IN YEARS LAST BIRTHDA	26 1981 V) PIF UNDER TYEAR	5.25PM
A)		nale	Labile	MONT	30,1906 YEAR	74	MONTHS! DAYS	HOURS MIN.
h	70. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY?		9 BALTIMORE CITY OR C	OUNTY OF DEATH	
of on		Virginia	USA	WIDOWE	D MEVER MARRIED D	Harf	bas	MD.
Gied	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	120. USUAL OCCUPATION	ORKING LIFE) INDUSTRY	F BUSINESS OR
tol		wre de GRACE		emerial	Hospital	Truck Driv	ier Bldg	.Supl.
also f	130 S	aryland Hari	ord 13c. CHYO		13d INSIDE CITY LIMITS? YES NO 🔏		el Road	
10	14. FA	ATHER'S NAME	-loyd Wa	ST	15. MOTHER'S MAIDEN NA	MIDDLE	LAS	T
1 <u>341</u>	14- 1	WAS DESCRISED SWED BALLS AND	UED FOREFOR IN ADEL	SSUM L SECURITY NO.	Daisy	A.	Tester	man
medica		YES, NO OR UNKNOWN) (IF YES, GIV	216 - 18 -			Wassum, Jr,	Bel Air,	Md.
the		18 CAUSE OF DEATH (Enter or	nly one couse per me for (a),	(b), n c).1	10			MATE INTERVAL DISET AND DEATH
even		PART I. DEATH WAS CAUSE IMMEDIA	ID BY: TE CAUSE (o)	dias	aleur	mensal	lus	
natic	Н	4292	DUE TO, OR AS A COS	BEQUENCE OF	Ω	2. Duran m	, /	
trour		Conditions, if ony, which gove rise to immediate	(b)	>U/	1 1/1	neurror	ug .	
other		couse (a), stating the underlying cause last.	DUE TO, OR AS CO	SECTION CE OF	IA C)_M		
y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 10	31
injui	CERTIFICATION							
s on	ICA	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	IL IF YES, WERE FINDIN CERTIFYING CAUSES	OF DEATH?
Show	E	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tale HOW INDIAN OCCUR	YES NO	YES 🗌	NO 🗌
8 4		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	ZIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
F He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
kedo	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR JOWN	COUNTY	STATE
mar		220.1 certify that (I) (this haspi	ital) attended the feceose	from 3/	26 190	, to 1/26	2	that (I) (we) last
21 18		sow the deceased alive on	t) view the body offer seath.	-187-0	nd that in (my) (our) opinion	death occurred on the date of	and hour and from the	couses stated
# Herr		22b. SIGNATURE	011	- 1	DEGREE	MEDICAL STAFF	114 DATE	SIGNED .
	1	1000	cerpi		PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	1/26	181
MPORTANT		TALL	10/11	11	116 ADDRESS			
¥ -	230.5	BURIAL, CREMATION, REMOVAL	Tab Date	123r NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	230	(CDCC)EV)	ar.30,1981		Mem.Garden	CITY OR TOWN	Harkord	Md
BO		UNERAL DIRECTOR			250 DA	TE REC'D BY REGISTRAR 256.		y and
	h	loward K. McC	omas III, 7	Bingdo	n, 2Md.	18K J U 1981	The same	7



TO DESCRIPTION OF THE PERSON O the second of th Market Committee of the Fallston Fallston General Hay In later